Title V
Needs Assessment
2011-2015

Wyoming Children with Special Health Care Needs Data

Wyoming Department of Health
Community and Public Health
Division

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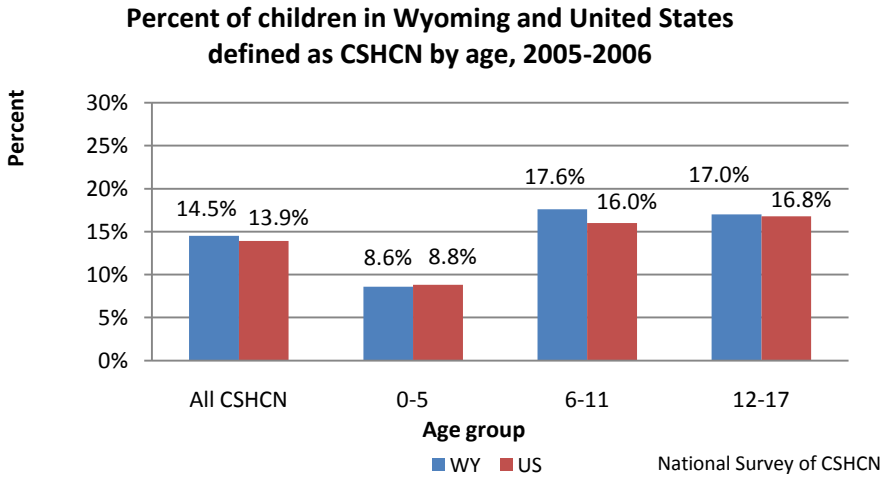
POPULATION PROFILE

Children with Special Health Care Needs (CSHCN) are defined by the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."[1]

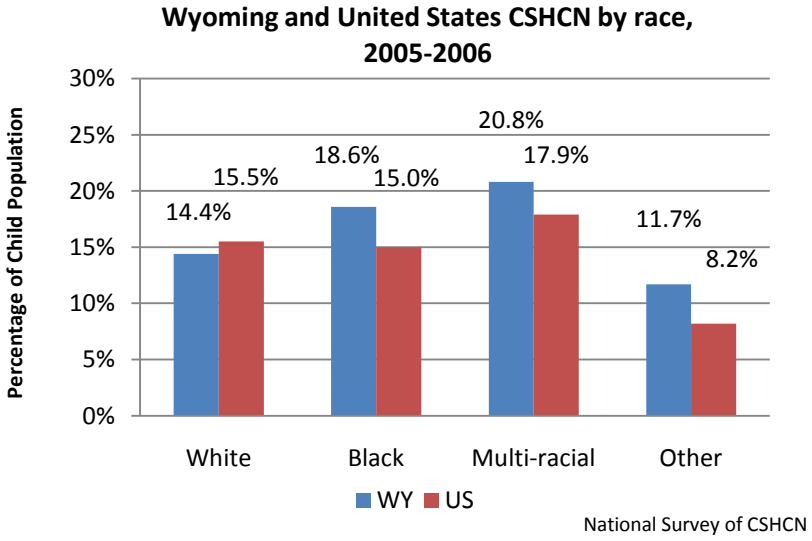
AGE

In 2005-2006, approximately 16,456, or 14.4%, of Wyoming children had a special health care need. Wyoming had a slightly higher percent (14.5%) of CSHCN than the 13.9 % United States.[1]



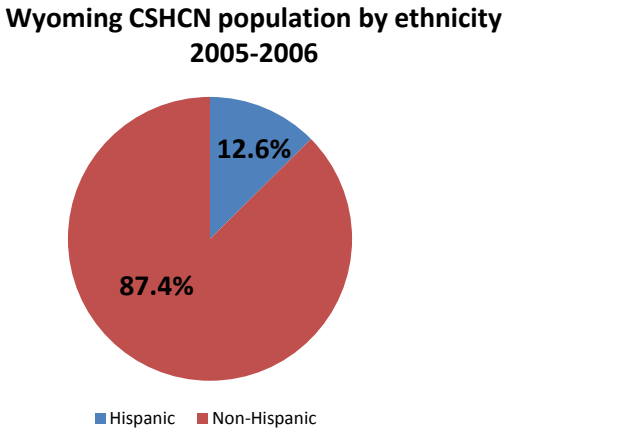
RACE

In 2005-2006, Wyoming's racial distribution of CSHCN differed from the national racial distribution.[1]



ETHNICITY

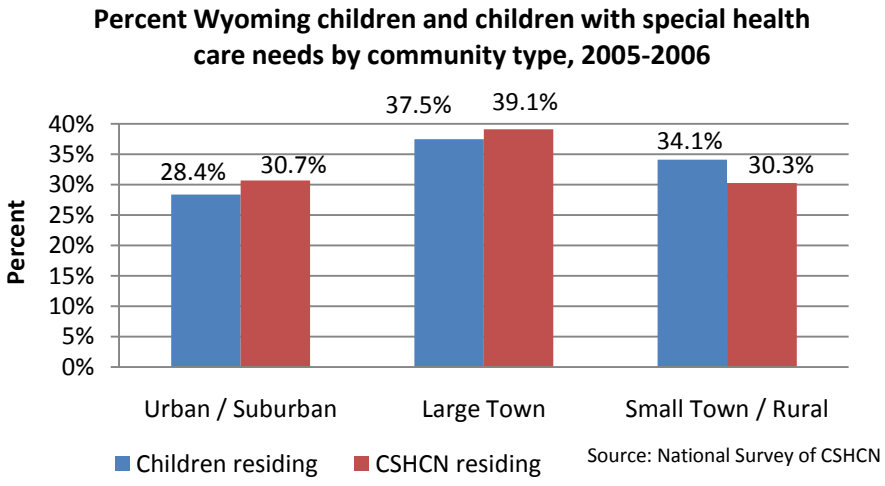
In 2005-2006, 12.6% of Wyoming CSHCN were Hispanic compared to 8.3% of U.S. CSHCN. [1]



Source: National Survey of CSHCN

URBAN/RURAL

In 2005-2006, 30.7% of Wyoming CSHCN lived in an Urban/Suburban community compared to 28.4% of other Wyoming children. Less than a third (30.3%) of CSHCN lived in a small town/rural community compared to 34.1% of other children. [1]

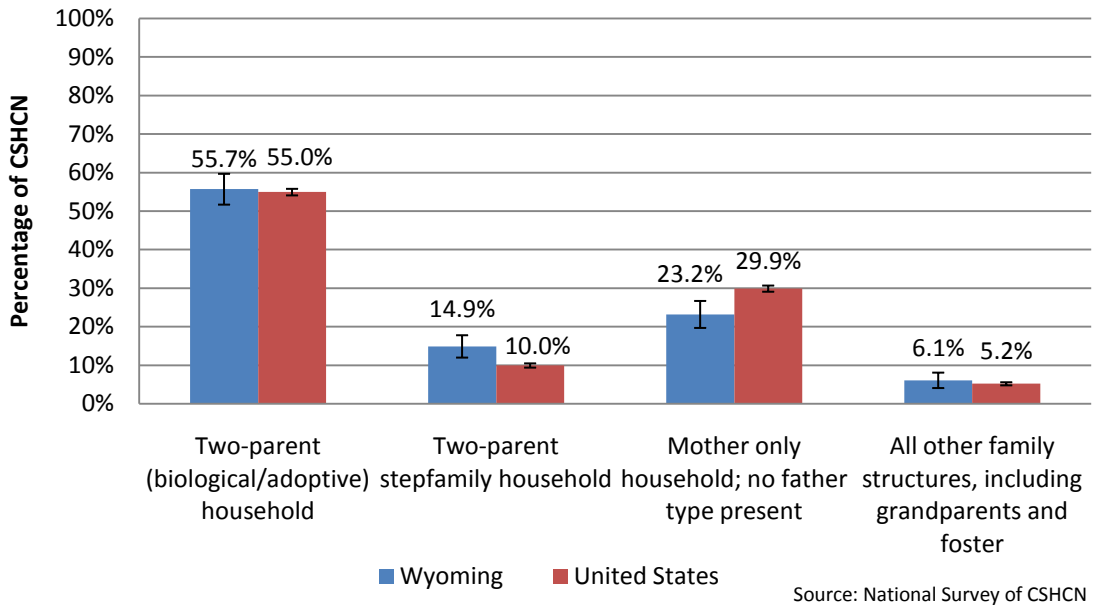


Source: National Survey of CSHCN

CSHCN FAMILY COMPOSITION

In 2005-2006, the percent of Wyoming CSHCN living in two-parent (biological or adoptive) households (55.7%) was similar to that of the national CSHCN (55.0%) population. The percent of Wyoming CSHCN living in two-parent stepfamily households (14.9%) was significantly greater than that of the national CSHCN (10.0%) population. As well, the percent of Wyoming CSHCN living in a household with only the mother present (23.2%) was significantly lower than that of the national CSHCN (29.9%) population. [1]

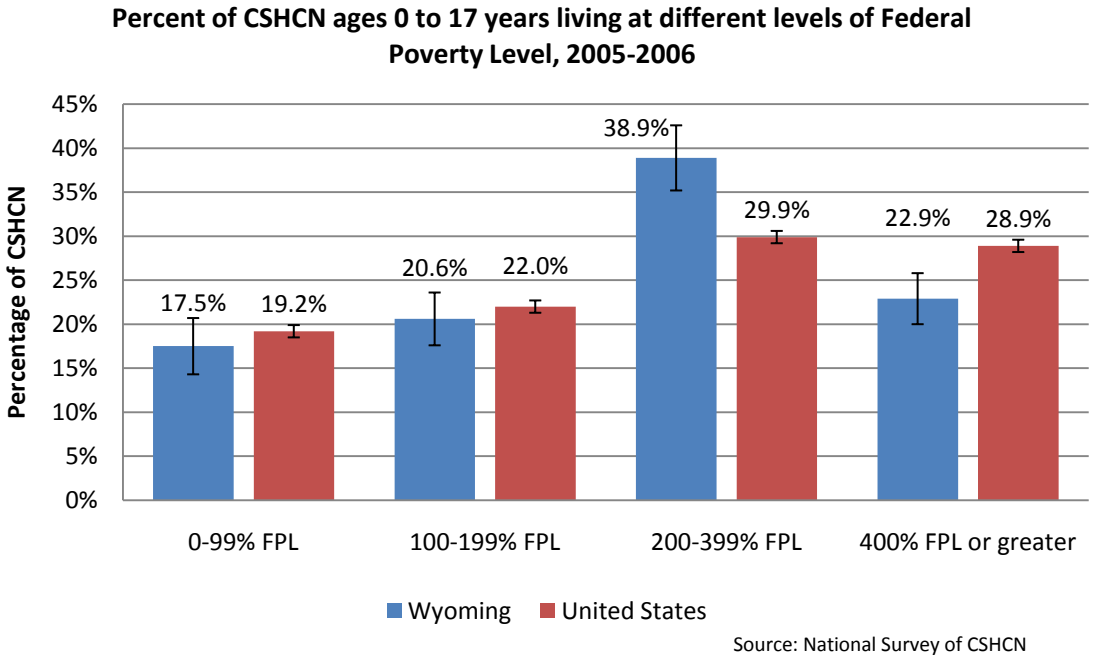
Percent CSHCN ages 0 to 17 years family structure of child's household at time of survey, 2005-2006



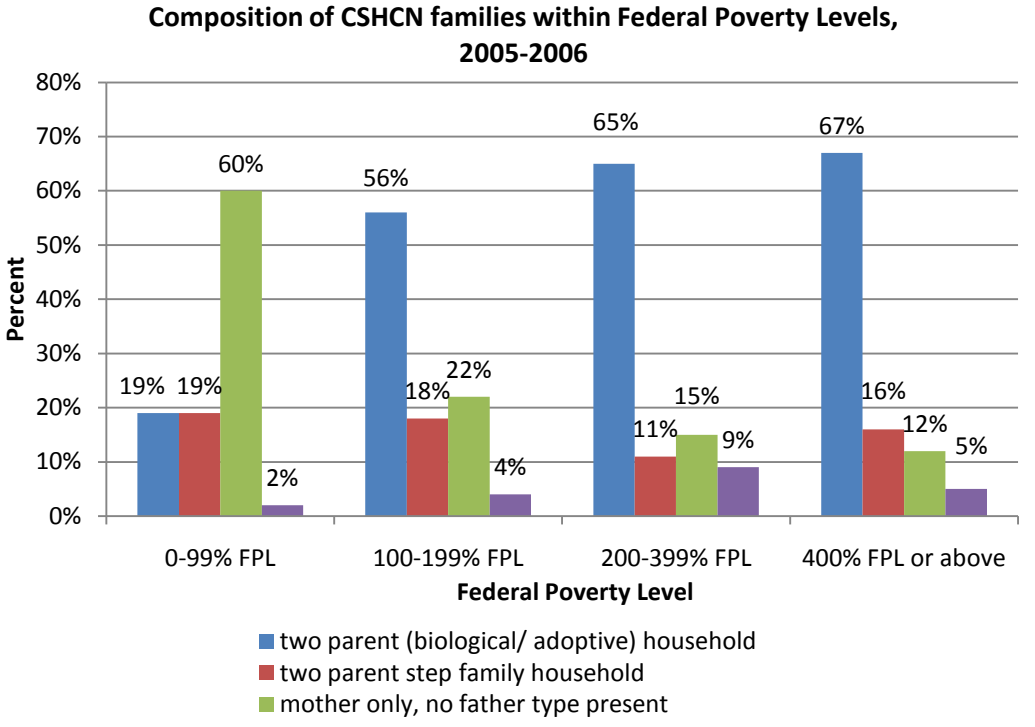
Source: National Survey of CSHCN

POVERTY

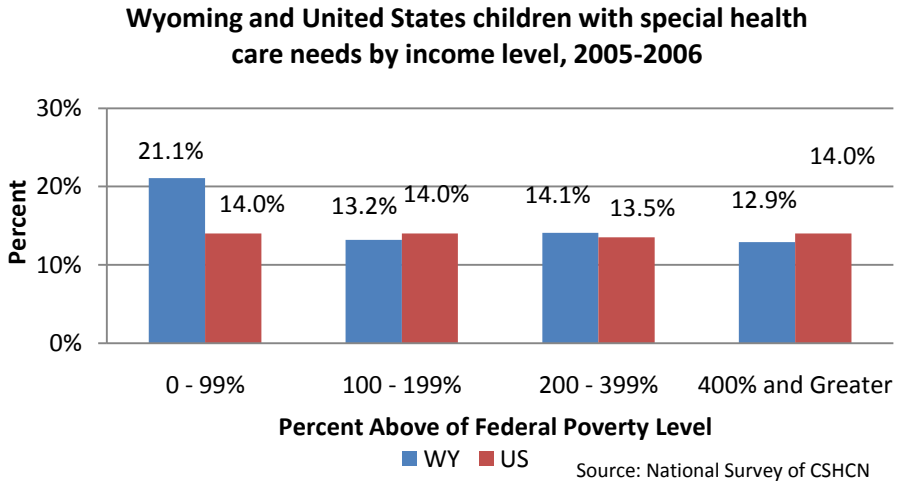
In 2005-2006, The percent of Wyoming CSHCN (17.5%) living in households with an income level below 100% of the Federal Poverty Level (FPL) is slightly lower than the United States CSHCN population (19.2%). In addition, the proportion of Wyoming CSHCN (20.6%) living in households with an income level between 100% and 199% FPL is slightly lower than the United States CSHCN population (22.0%). The proportion of Wyoming CSHCN (38.9%) living in households with an income level between 200% and 399% FPL was significantly higher than in the U.S. (29.9%). As well, the proportion of Wyoming CSHCN (22.9%) living in households with an income level at or above 400% FPL was lower in than the United States CSHCN population (28.9%). [1]



The familial structures of CSHCN families vary by economic status. The majority of CSHCN families (60.0%) living below 100% of Federal Poverty Level (FPL) are headed by a single mother. For all other poverty levels two parent (biological/adoptive) households are the most prevalent family type. [1]

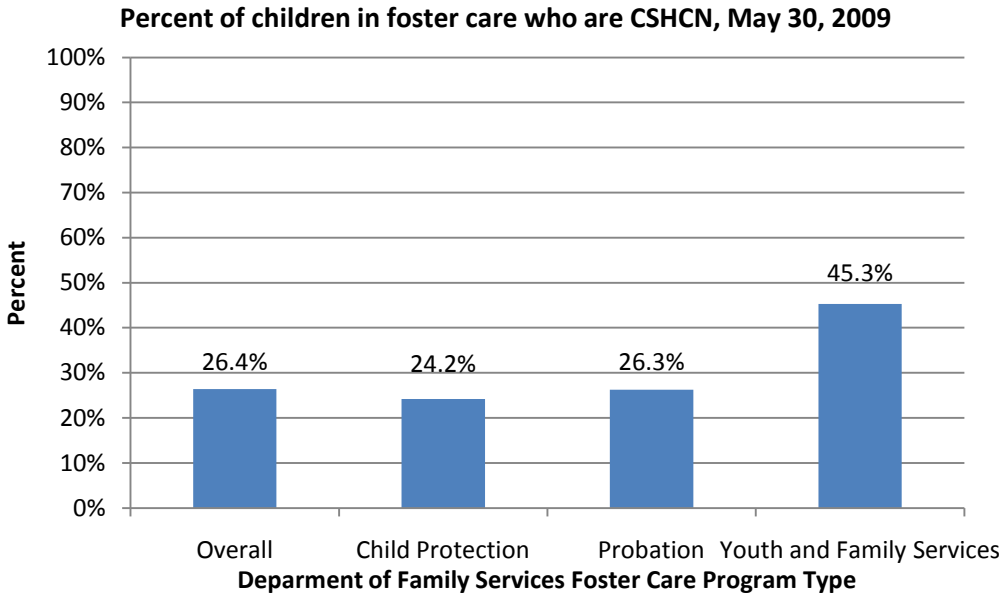


In 2005-2006, 21.1% of Wyoming CSHCN were living below 100% FPL compared to 14.0% in the U.S. CSHCN population. Fewer Wyoming CSHCN (12.9%) were living at or above 400% of FPL than U.S. CSHCN population (14.0%). [1]



CSHCN IN FOSTER CARE

In 2009, CSHCN constitute 26.4% of the overall Wyoming foster care population. As well, Wyoming CSHCN constitutes 24.2% of the children in child protection, 26.3% of the children in probation, and 45.3% of the children in youth and family services. [1]



Source: Wyoming Department of Family Services

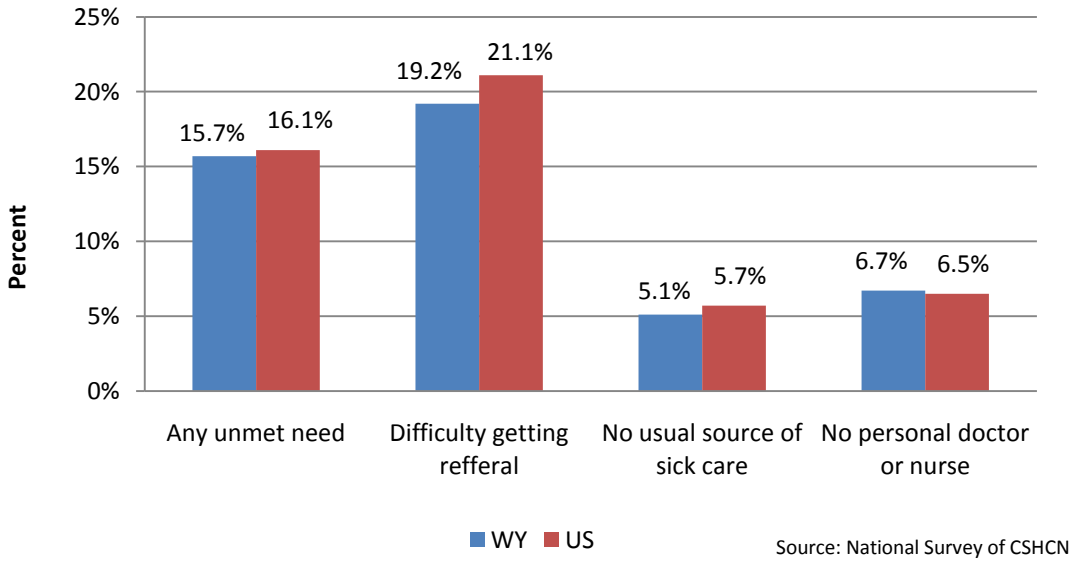
HOMELESSNESS IN WYOMING SUMMARY

An interim Interagency Council on Homelessness in Wyoming was created in 2003 to determine the extent of homelessness in Wyoming. The council also wanted to examine factors contributing to being homeless and services sought and needed by this population. To gain information about Wyoming's homeless population, the council surveyed organizations that focused on serving the homeless population. The council's findings were reported in the "Homelessness in Wyoming, Wyoming Interagency Council on Homelessness, May 2005." Of the 340 people reported to be chronically homeless in Wyoming in 2004, an estimated 22% of these were women and 26% were children under 18 years of age. Of the children, 40% were preschool age and 60% between the ages of five and 18; 95% of school-aged children were actively enrolled in school. [2]

ACCESS TO CARE

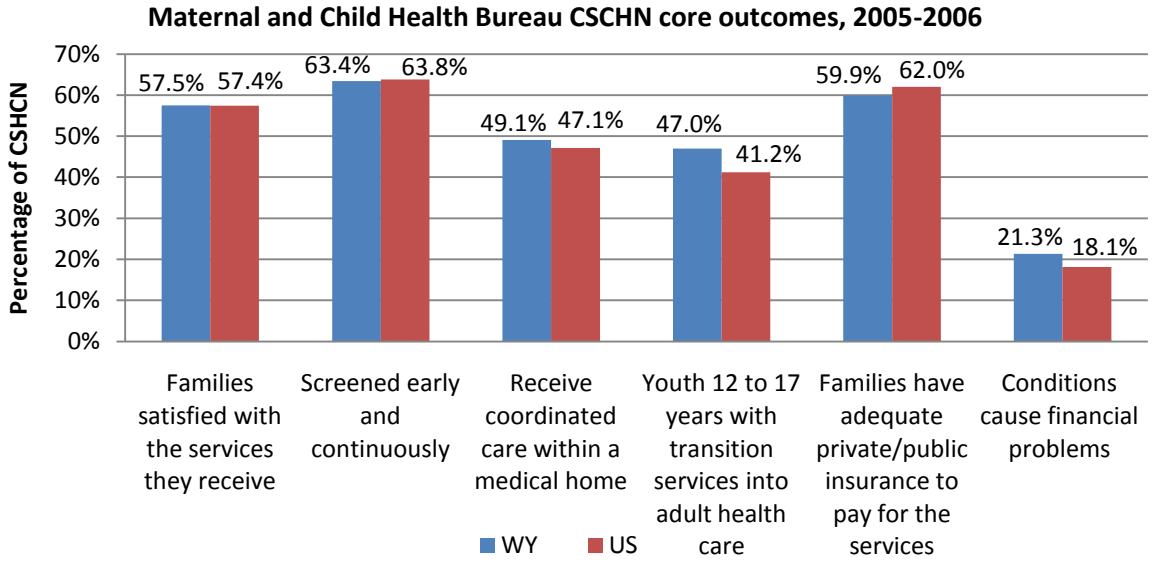
Access to care among Wyoming CSHCN is comparable to that of CSHCN throughout the United States, however more Wyoming CSHCN lack any personal healthcare provider (doctor or nurse) than CSHCN in the United States.[1]

Percent of CSHCN with access to care issues, 2005-2006



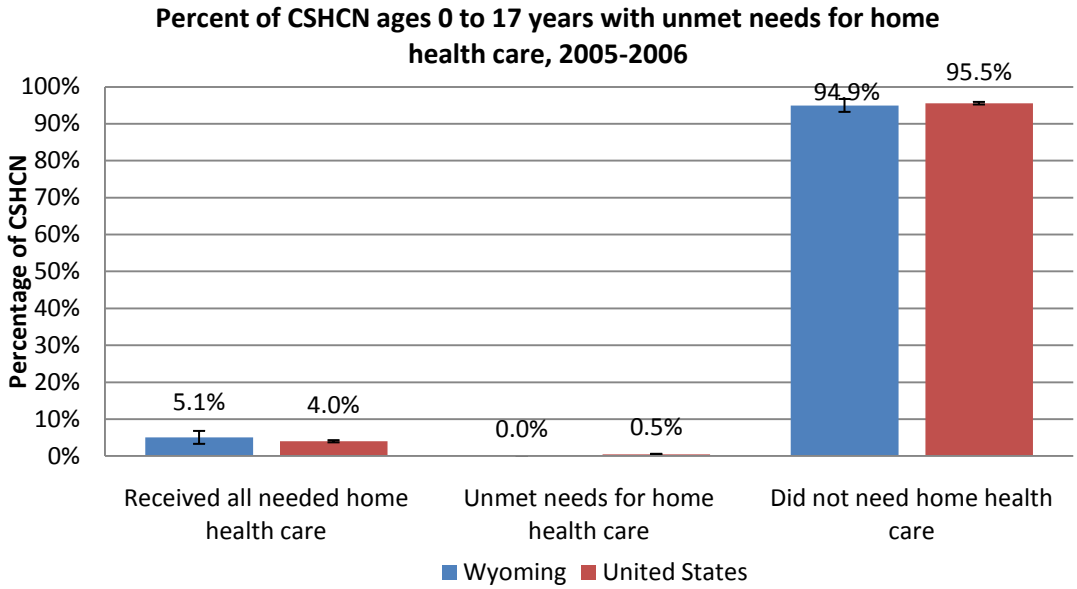
Source: National Survey of CSHCN

In 2005-2006, Wyoming CSHCN family satisfaction for services received (57.5%) did not differ from the national CSHCN family satisfaction (57.4%). As well, the level of early and continuous screening for Wyoming CSHCN (63.4%) did not differ from the national CSHCN screening (63.8%). A slightly greater percent of Wyoming CSHCN (49.1%) received coordinated care from a medical home than did national CSHCN (47.1%). The adequacy of health insurance coverage among Wyoming CSHCN (59.9%) falls below that of the national CSHCN (62.0%). A greater percent of Wyoming CSHCN (21.3%) are experiencing a financial problem due to their health conditions than national CSHCN (18.1%) population. [1]



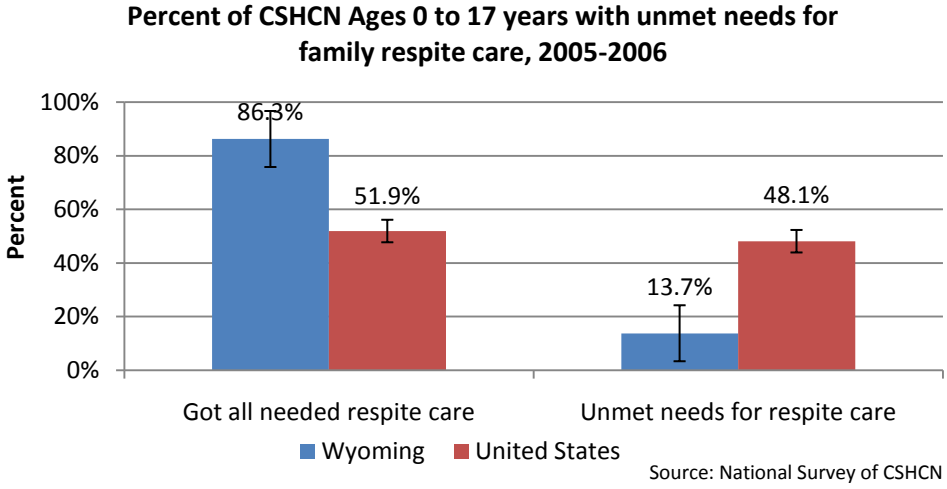
CSHCN HOME HEALTH CARE

A majority of CSHCN did not need home health care, and the percent in Wyoming (94.9%) did not significantly differ from the national percent (95.5%). The proportion of CSHCN who received all needed home health care did not significantly differ between Wyoming (5.1%) and the United States (4.0%). The proportion of CSHCN with unmet needs for home health care did not significantly differ between Wyoming (0.0%) and the United States (0.5%). [1]



CSHCN RESPITE CARE

In 2005-2006, the proportion of Wyoming CSHCN families (13.7%) reporting having unmet needs for family respite care is significantly less than that of the United States CSHCN family population(48.1%). [1]



WYOMING PUBLIC TRANSPORTATION

In a rural and frontier state like Wyoming, transportation can be an important factor in accessing healthcare. Public transportation in Wyoming is provided by the Wyoming Public Transit Association also called WYTRANS. WYTRANS is a private, non-profit organization that is funded through local businesses, the Wyoming Department of Transportation and the Federal Transit Administration. WYTRANS provides services in every county through senior centers, rehabilitation agencies, and transit-only systems. Transit only systems exist in a limited capacity in Casper, Laramie, Jackson, Sweetwater County, and Fremont County. A fee is required for each trip by all agencies, but some may operate on a donation basis. The average fare requested by transit agency is $1.56 which is an average of 30% less than a full fare. [3]

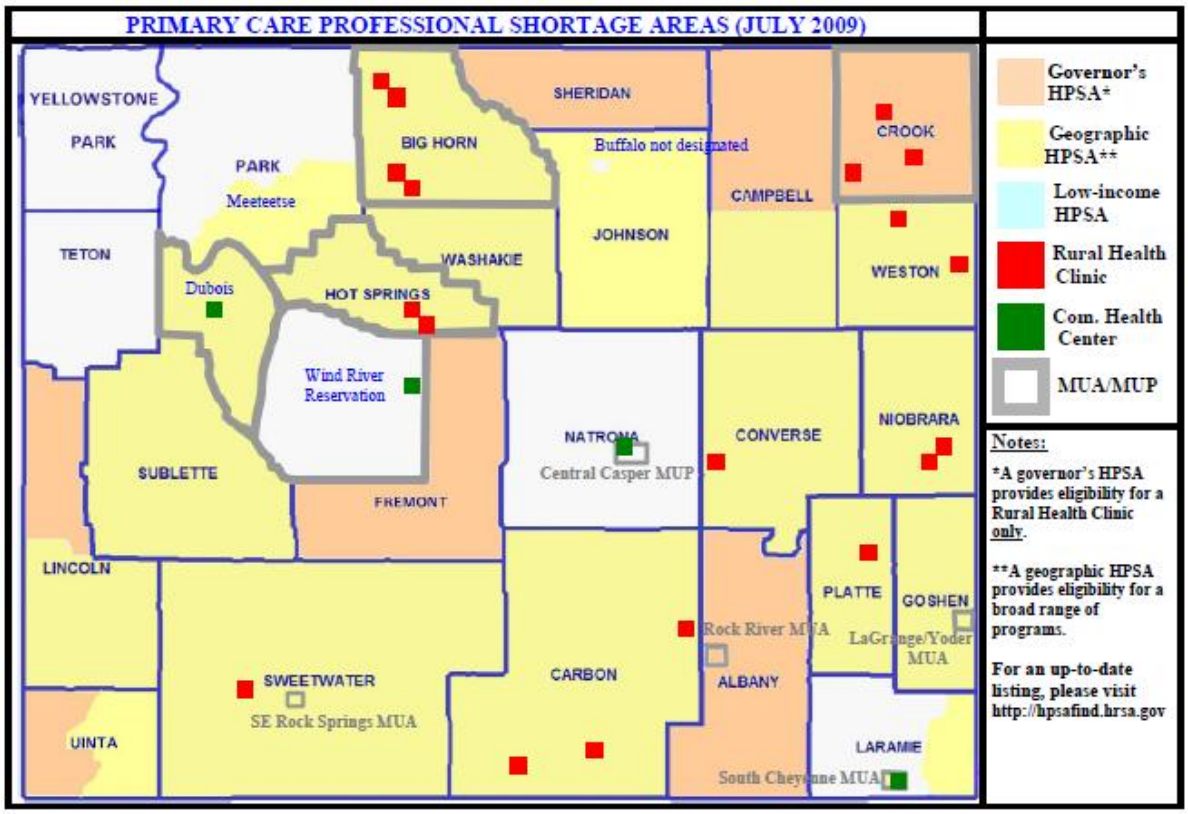
The 2004 Wyoming Department of Transportation Report states:

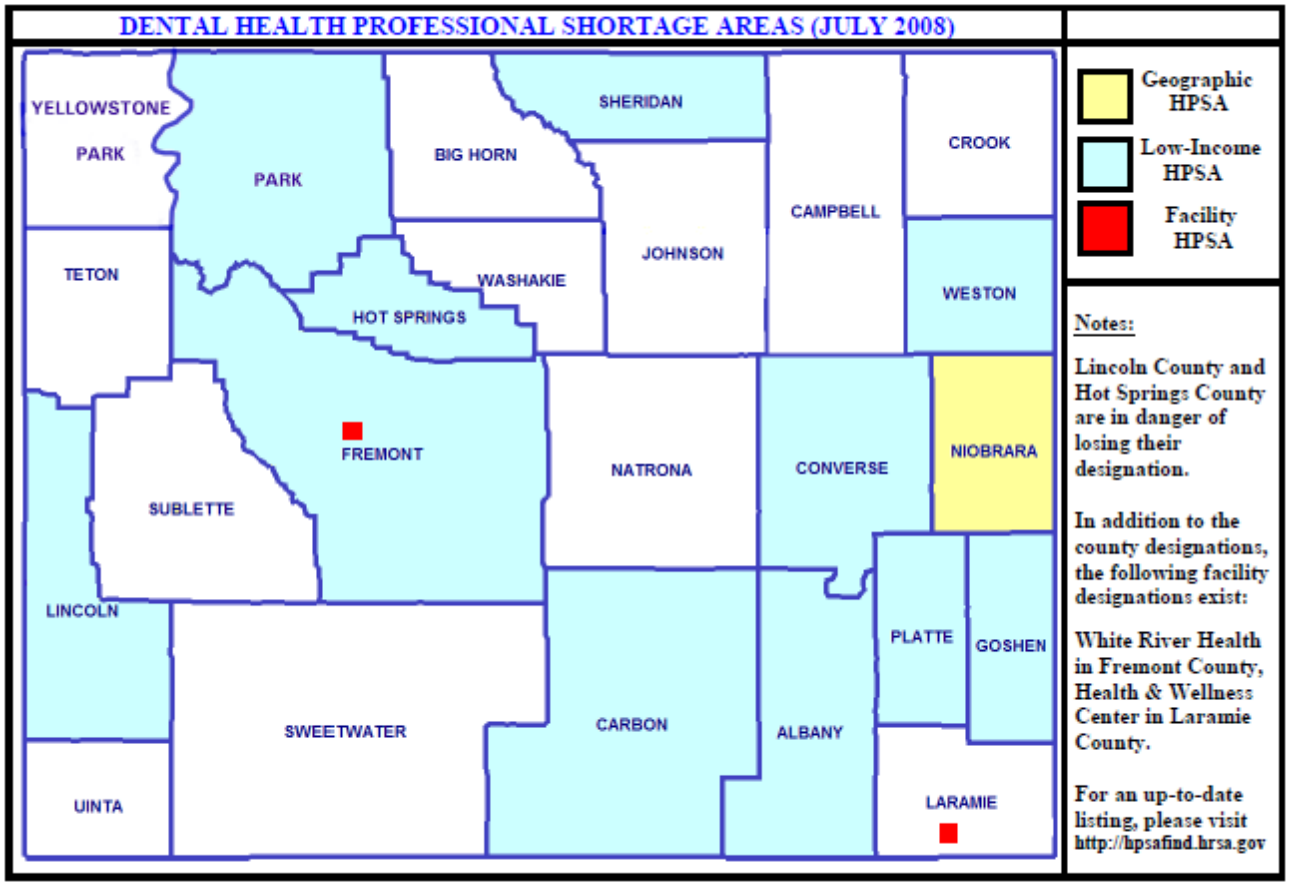
- WYTRANS assisted about 900 senior citizens that otherwise would have to move to a nursing home due to lack of transportation. [3]
- WYTRANS provided 165,000 rides for clients for vocational rehabilitation, developmental disability, Headstart, public health, and others. [3]
- WYTRANS provided service for over 66,000 individuals; of these, over 21,000 had no other form of transportation. [3]
- The estimated number of rides included 106,412 for nutrition, 67,322 medical, 504,704 educational, 92,114 employment, 79,690 social, 170,961 social, and 1,031,504 other. [3]

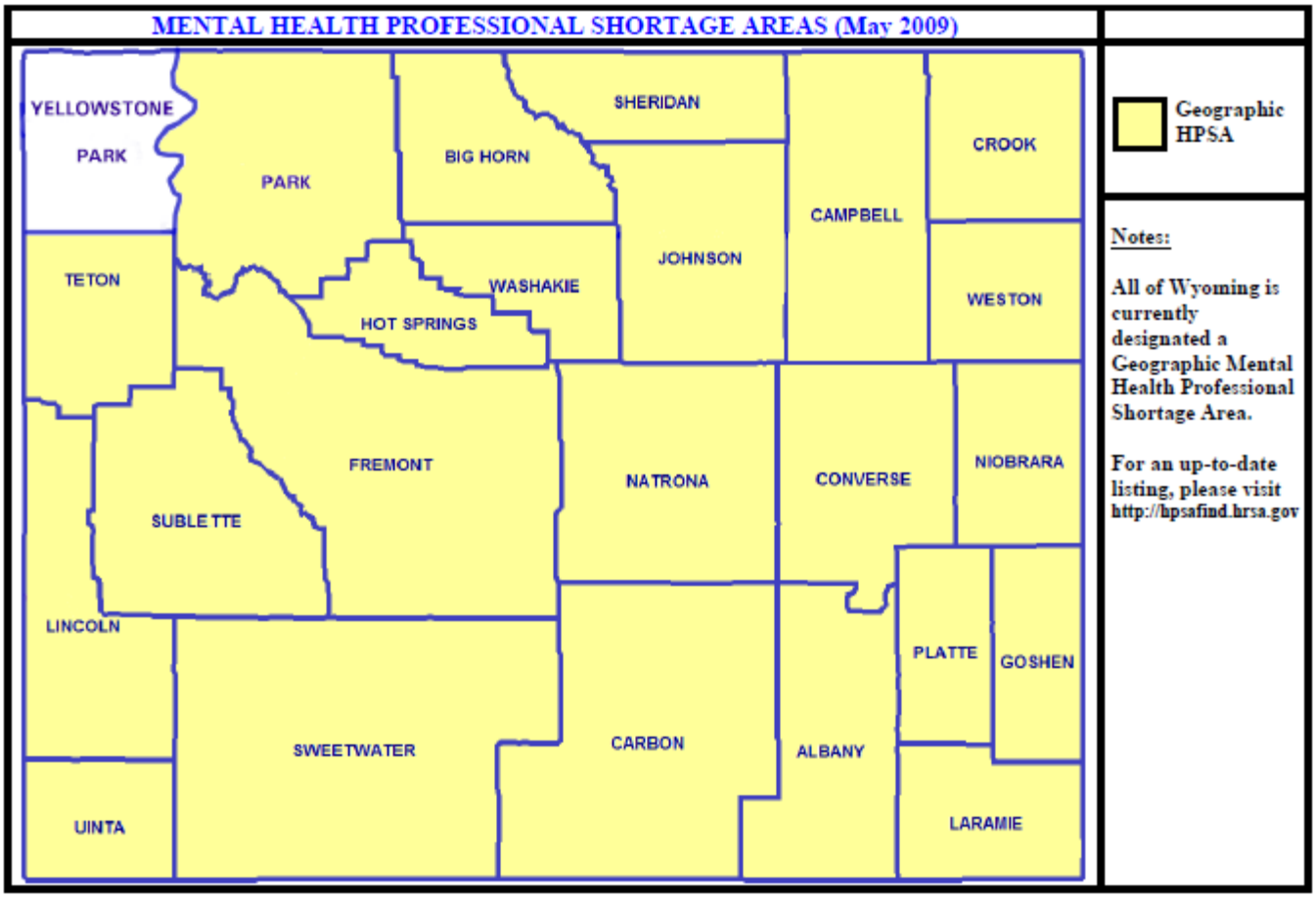
There were not enough transportation services available to meet demand. WYTRANS agencies have an average shortfall of $28,400 annually to meet demand for their services. [3]

HEALTH PROFESSIONAL SHORTAGE AREAS:

The Health Resources and Service Administration (HRSA) is the federal agency within the U.S. Department of Health and Human Services that helps improve "access to health care services for people who are uninsured, isolated or medically vulnerable." HRSA's mission is to "provide national leadership, program resources and services needed to improve access to culturally competent, quality health care." [4] Three types of healthcare that HRSA monitors include primary care, dental health, and mental health. If an area does not have adequate medical coverage, it can be designated as a Health Professional Shortage Area (HPSA). [5] This designation may allow the area to receive federal assistance from HRSA to recruit and employ a needed medical professional. [6] There are currently 85 designated HPSA sites in Wyoming for primary care, dental health, and mental health. [7] These areas are indicated on the following maps.




DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS (JULY 2008)
YELLOWSTONE PARK
PARK
BIG HORN
SHERIDAN
CROOK
CAMPBELL
JOHNSON
TETON
WASHAKIE
WESTON
HOT SPRINGS
FREMONT
NATRONA
CONVERSE
NIOBRARA
SUBLETTE
LINCOLN
PLATTE
GOSHEN
SWEETWATER
CARBON
ALBANY
UINTA
LARAMIE
Geographic HPSA
Low-Income HPSA
Facility HPSA
Notes:
Lincoln County and Hot Springs County are in danger of losing their designation.
In addition to the county designations, the following facility designations exist:
White River Health in Fremont County, Health & Wellness Center in Laramie County.
For an up-to-date listing, please visit http://hpsafind.hrsa.gov

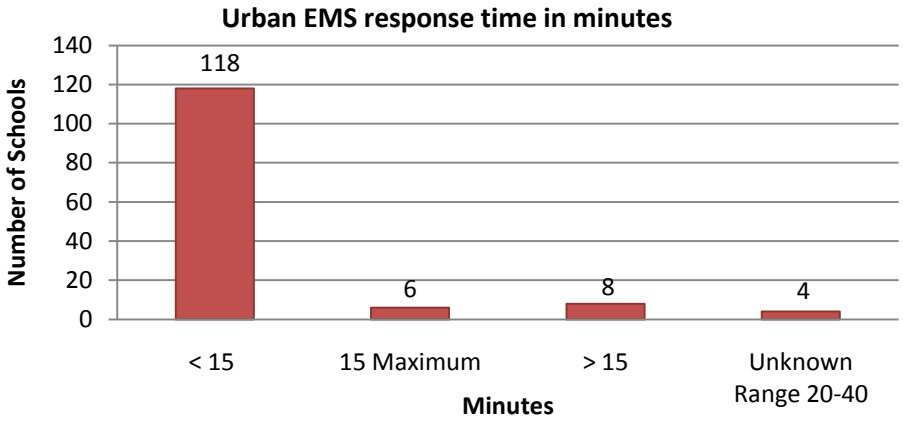

MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS (May 2009)
YELLOWSTONE PARK
PARK
BIG HORN
SHERIDAN
CROOK
CAMPBELL
JOHNSON
WASHAKIE
HOT SPRINGS
WESTON
TETON
FREMONT
NATRONA
CONVERSE
NIOBRARA
SUBLETTE
LINCOLN
PLATTE
GOSHEN
SWEETWATER
CARBON
ALBANY
UINTA
LARAMIE
Geographic HPSA
Notes:
All of Wyoming is currently designated a Geographic Mental Health Professional Shortage Area.
For an up-to-date listing, please visit http://hpsafind.hrsa.gov

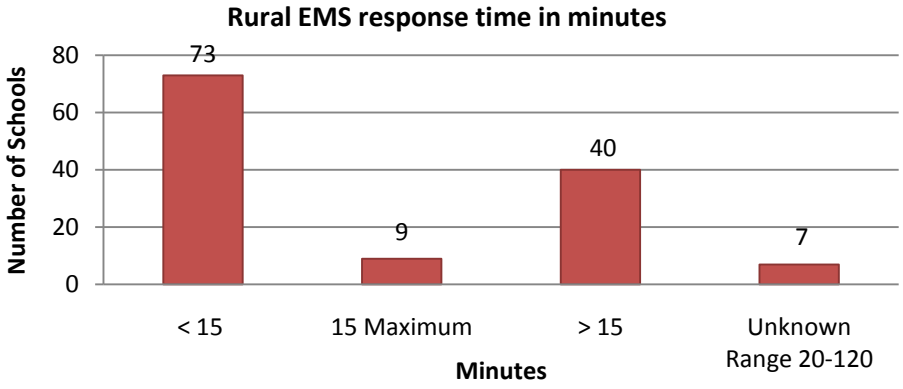
EMERGENCY MEDICAL SERVICES RESPONSE TIME TO SCHOOLS

School nurses were asked the Emergency Medical Service (EMS) response time for each school they serve. EMS response times were recorded from the surveys as the longest possible time for the EMS arrival. [8] Fifteen (15) minutes is the focal time because that is the maximum time allowed to treat diabetic shock in order to prevent more serious organ damage and possibly a diabetic coma.

In 2007, 86.8% of nurses in urban schools reported being able to receive EMS treatment in less than 15 minutes as opposed to 56.6% of rural schools. Ninty-one percent (91%) of urban schools reported being able to receive EMS care in 15 minutes or less, while 63.6% of rural schools can get emergency treatment in 15 minutes or less. [8]

It should be noted that the survey question asked specifically about EMS arrival time. Other emergency service or first responder status may exist especially for those schools that indicated a long EMS response time. This information was not requested on the survey nor was there an option to indicate alternative emergency care. [8]





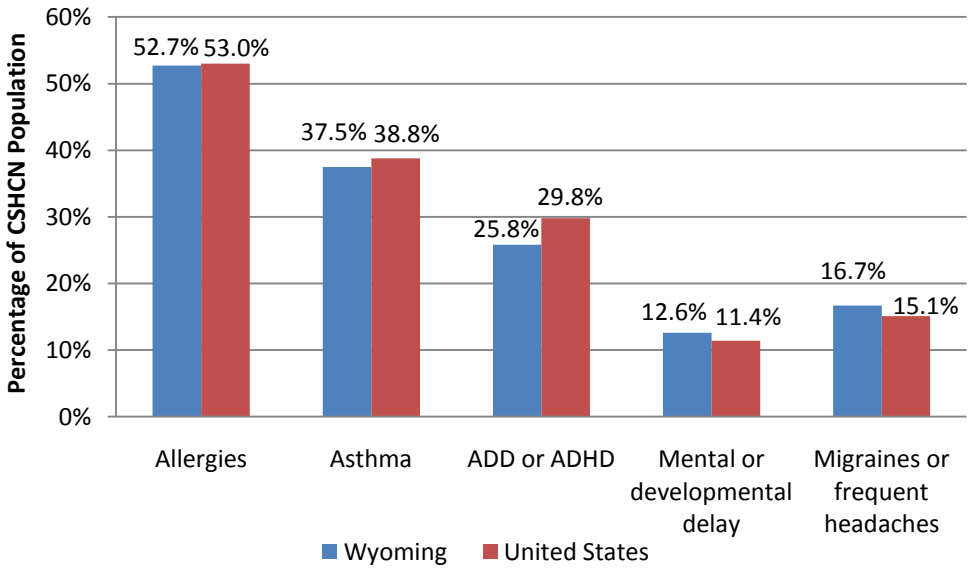
Source: The 2007-2008 School Nurse Survey of Asthma and Diabetes Prevalence in Wyoming Public School Children

Chronic Disease

In 2008, the rate of hospitalization for asthma was 73.98 per 10,000 among all Wyoming children less than five years of age. [9] The Healthy People 2010 objective is to reduce asthma hospitalization for children under five to 25 per 10,000.[10]

In 2005-2006, the proportion of Wyoming CSHCN (52.7%) with allergies was similar to that of the national CSH population (53.0%). The prevalence of asthma was similar in the Wyoming CSHCN (37.5%) and the national CSH population (38.8%). The prevalence of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) was greater in national CSH population (29.8%) than the Wyoming CSHCN population (25.8%). [1]

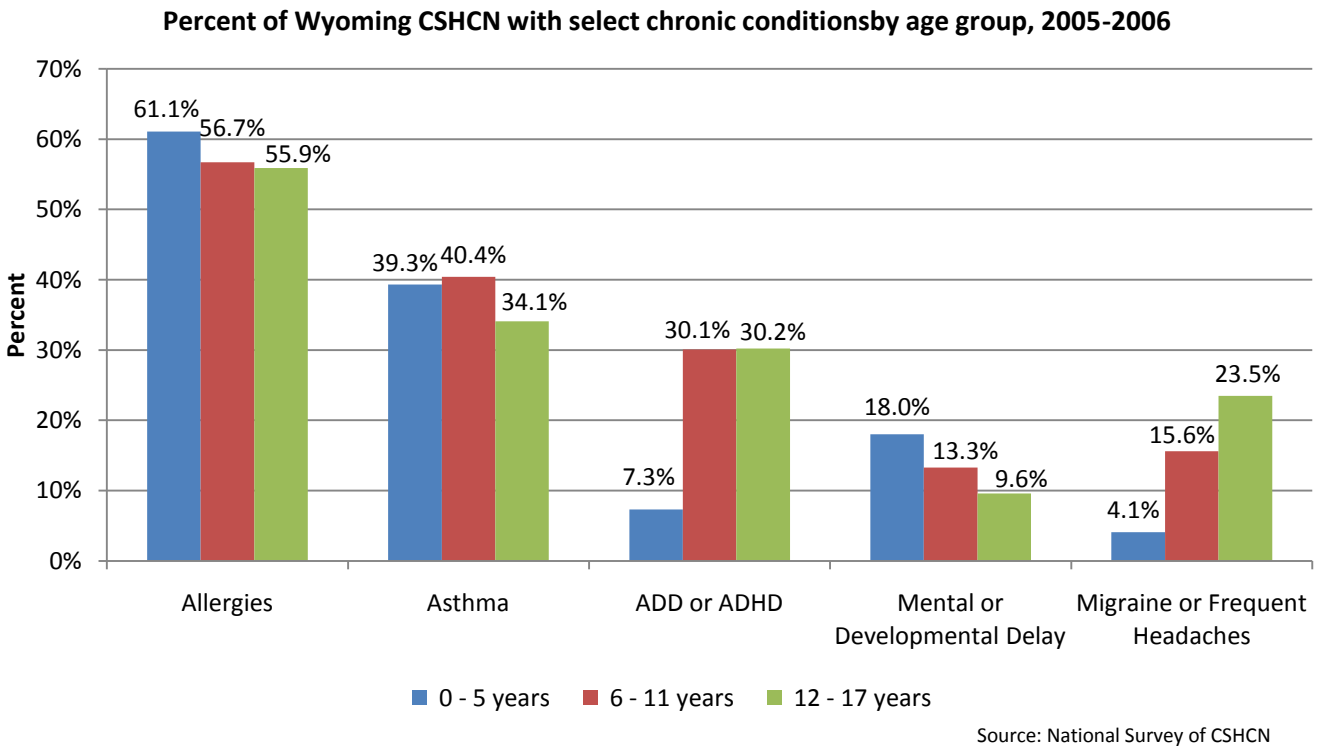
Percent of select chronic conditions among wyoming children with special health care needs, 2005-2006



Source: National Survey of CSHCN

AGE

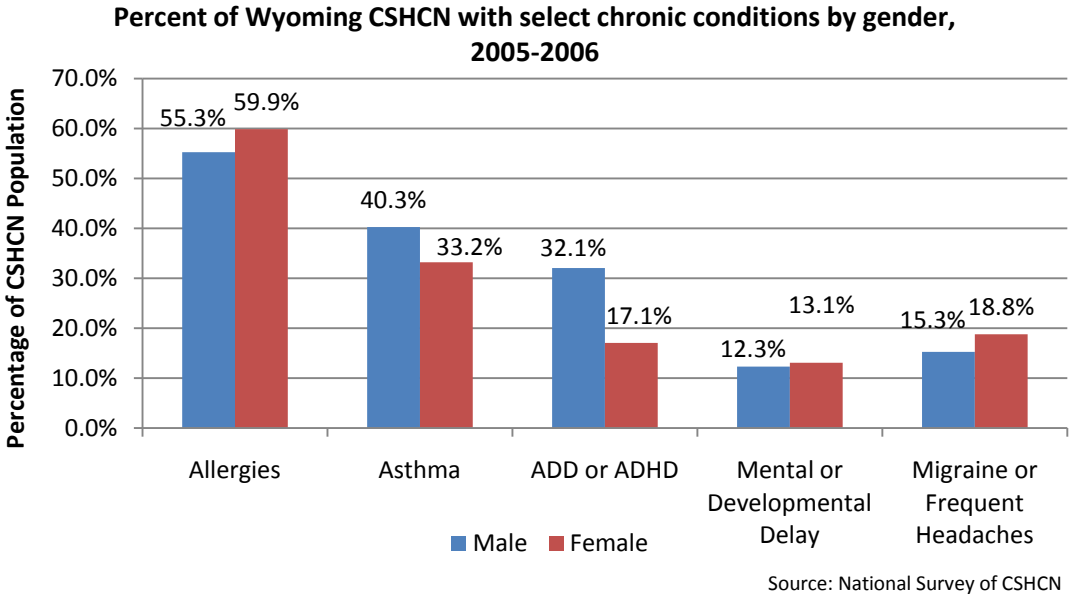
In 2005/2006, allergies were most prevalent among Wyoming CSHCN ages 0 to 5 years (61.1%) than to Wyoming CSHCN ages 6 to 11 years (56.7%) and Wyoming CSHCN ages 12 to 17 years (55.9%). The proportion of Wyoming CSHCN with asthma was similar across age groups [0 to 5 years (39.3%), 6 to 11 years (40.4%), 12 to 17 years (34.1%)]. The prevalence of ADD or ADHD was similar among Wyoming CSHCN ages 6 to 11 years (30.1%) and Wyoming CSHCN ages 12 to 17 years (030.2%). The prevalence of ADD or ADHD was significantly lower in Wyoming CSHCN ages 0 to 5 years (7.3%), than either Wyoming CSHCN ages 6 to 11 years or ages 12 to 17 years. The proportion of Wyoming CSHCN with mental or developmental delays decreases as age increases [0 to 5 years (18.0%), 6 to 11 years (13.3%), 12 to 17 years (9.6%)]. [1]



Source: National Survey of CSHCN

GENDER

In 2005-2006, the proportion of Wyoming CSHCN with allergies was greater among females (59.9%) then males (55.3%). The proportion of Wyoming CSHCN with asthma was greater among males (40.3%) than females (33.2%). The proportion of Wyoming CSHCN with ADD or ADHD was significantly greater among males (32.1%) than females (17.1%). The prevalence of mental or developmental delays among Wyoming CSHCN is similar males (12.3%) and females (13.1). The proportion of Wyoming CSHCN with migraines or frequent headaches was greater among females (18.8%) than males (15.3%). [1]



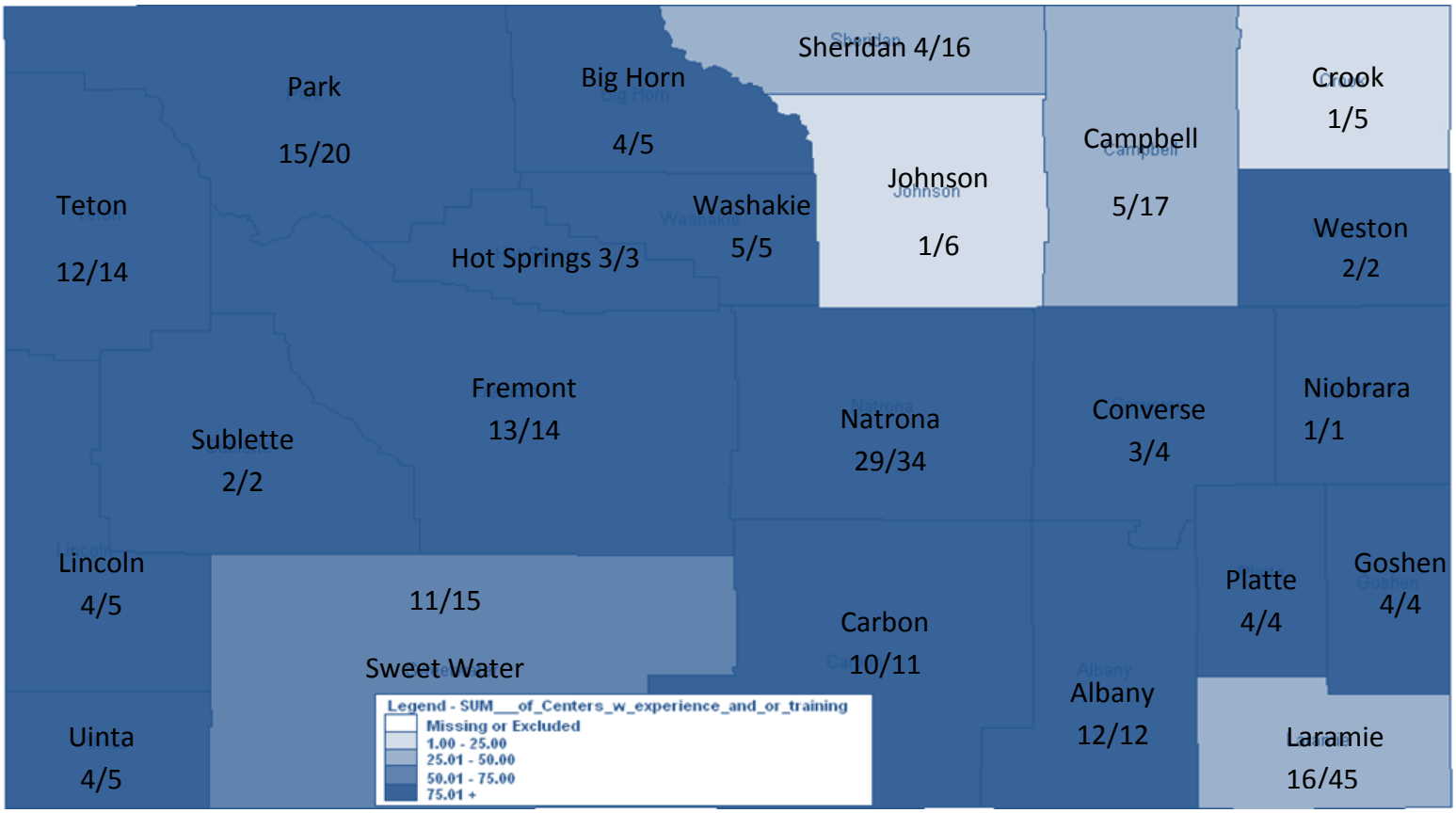
CHILD CARE FOR CSHCN

CHILD CARE CENTERS WITH CSHCN TRAINING AND/OR EXPERIENCE

A child care center is a child care program not located in a family home.

The first number in each county represents the number of child care centers that have experience and/or training with CSHCN, and the second number represents the total number of child care centers in that county.

The colors represent the percent of child care centers in each county that have experience and/or training with CSHCN.

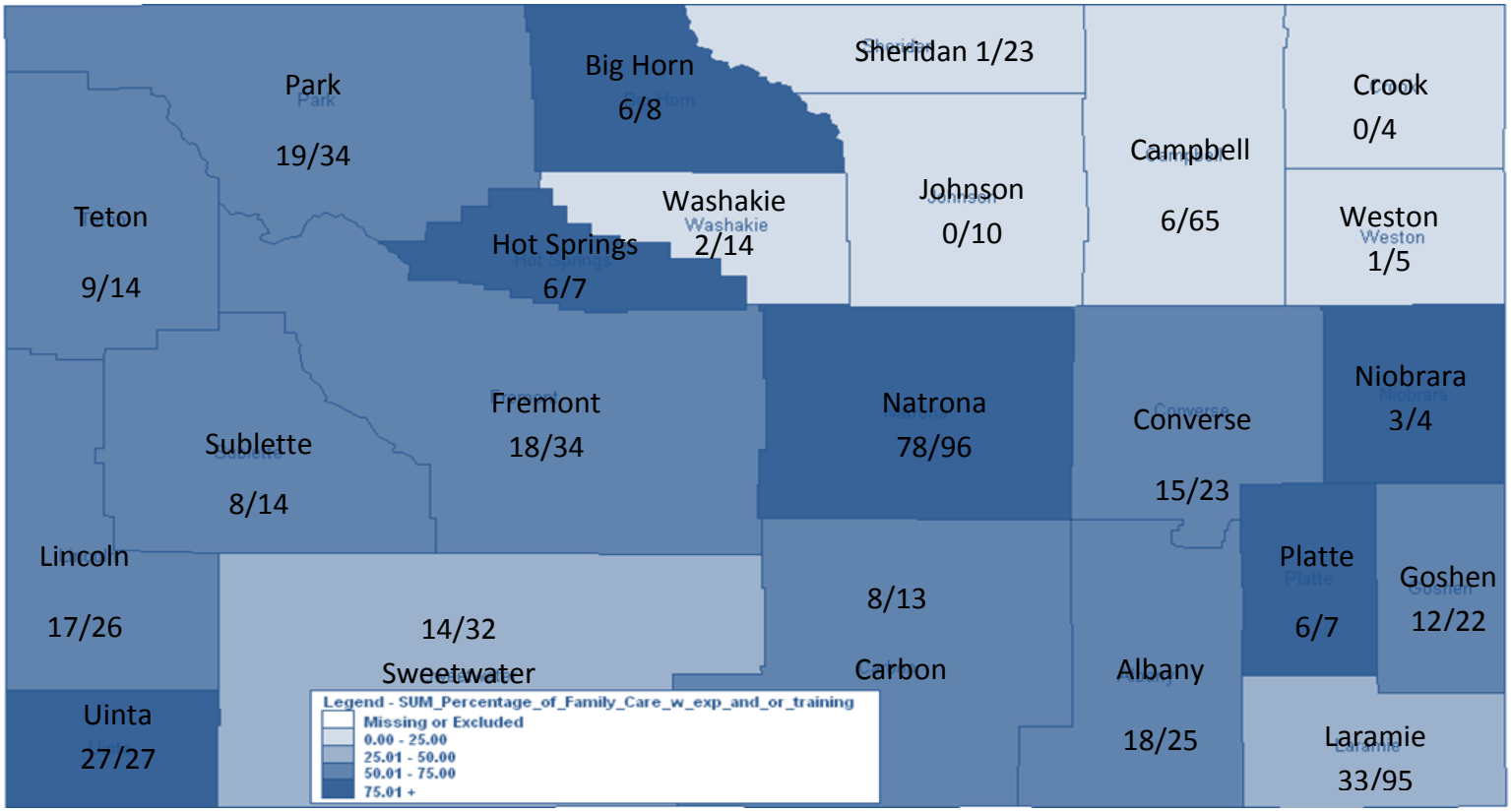


FAMILY CHILD CARE WITH CSHCN TRAINING AND/OR EXPERIENCE

Family child care is a child care program located in a family home.

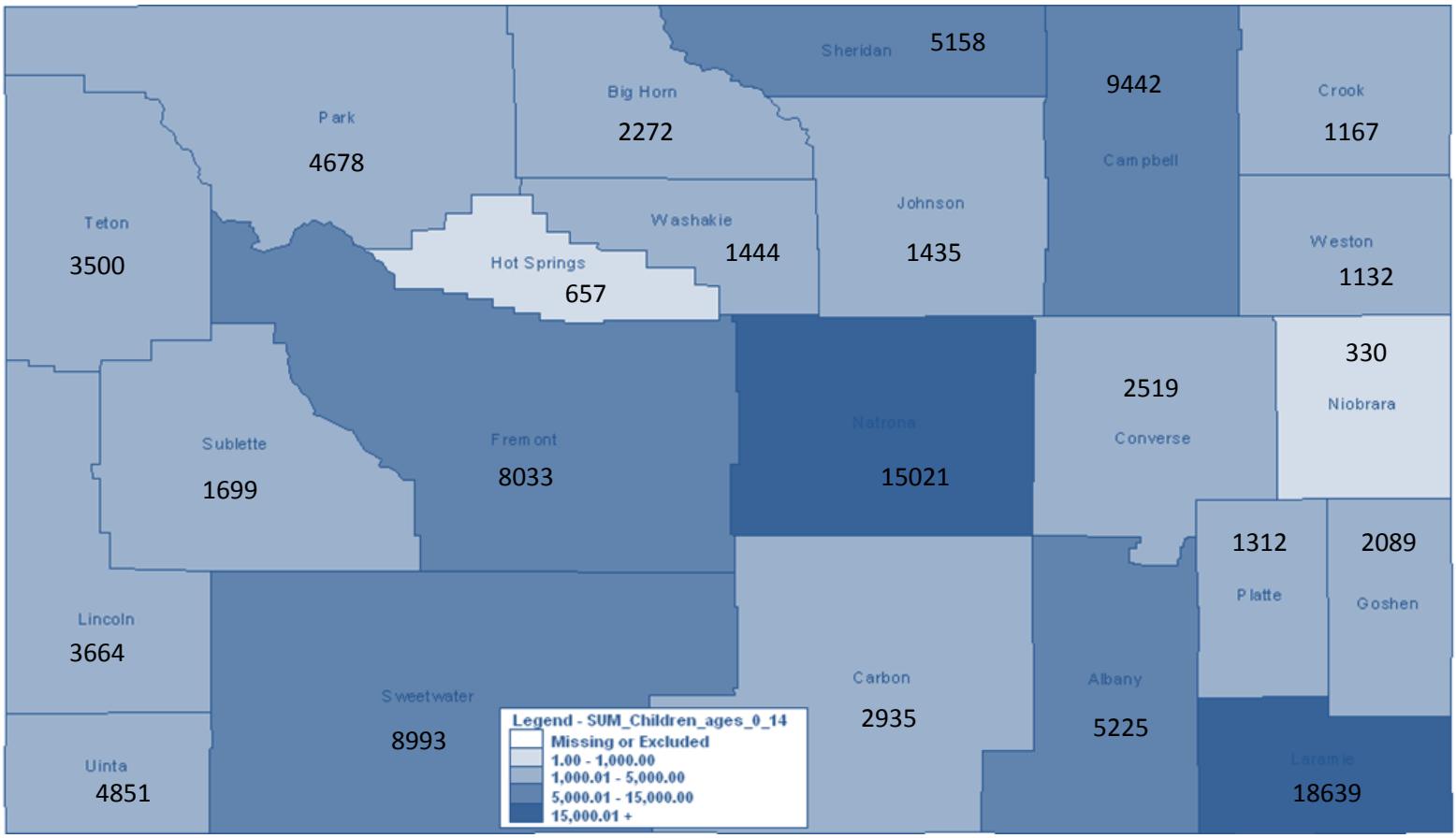
The first number in each county represents the number of family child care programs that have experience and/or training with CSHCN, and the second number represents the total number of child care centers in that county.

The colors represent the percent of family child care programs in each county that have experience and/or training with CSHCN.



NUMBER OF CHILDREN AGES 0 TO 14 YEARS BY COUNTY

The number in each county represents the number of all children ages 0 to 14 years who live in that county. [11]

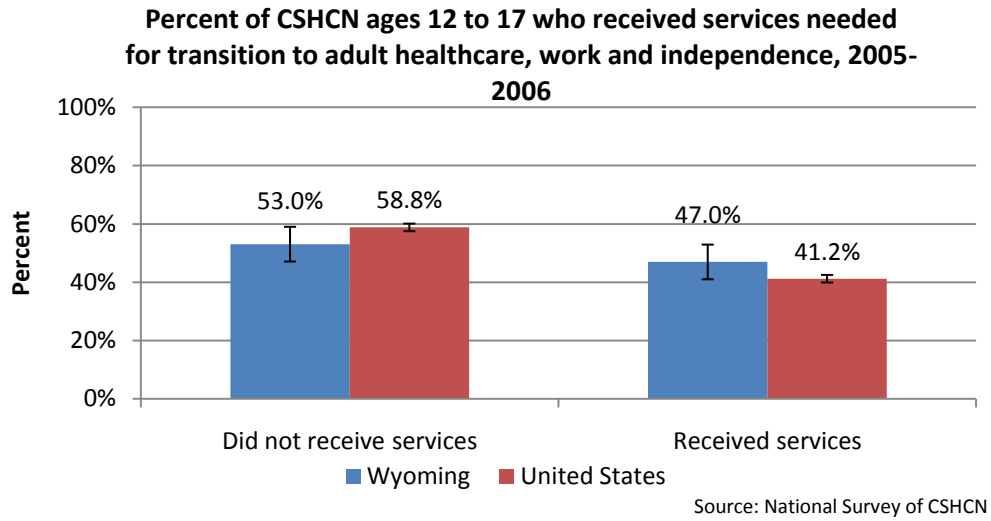


Source: U.S. Census Bureau

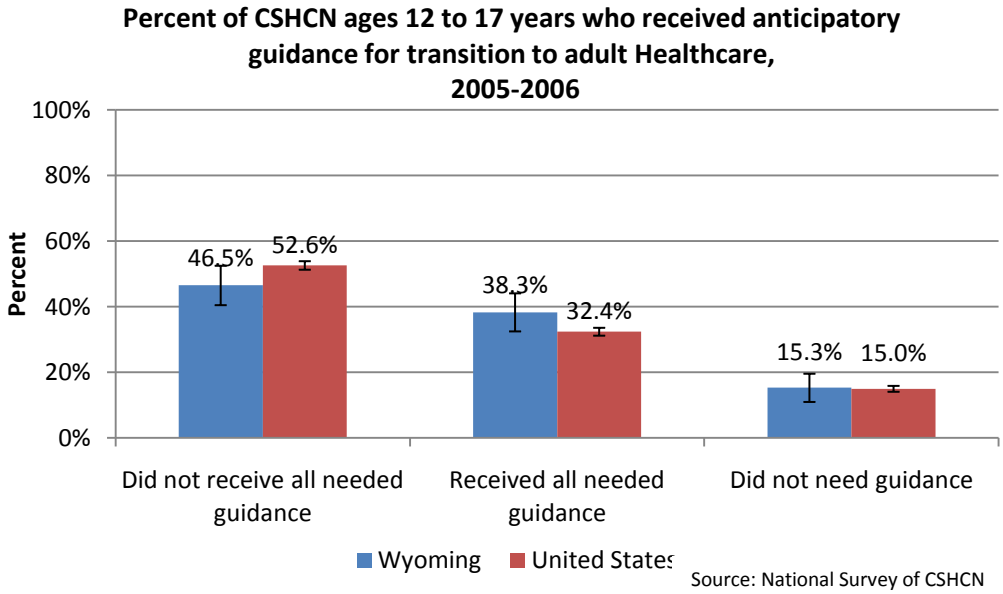
TRANSITION SERVICES

CSHCN TRANSITION TO ADULTHOOD

In 2005-2006, the majority of Wyoming CSHCN ages 12 to 17 years (53.0%) did not receive the services needed to transition to adulthood. The proportion of Wyoming CSHCN ages 12 to 17 years (47.0%) who reported receiving services needed to transition into adult healthcare, work and independence did not significantly different than the National CSHCN population (41.2%). [1]

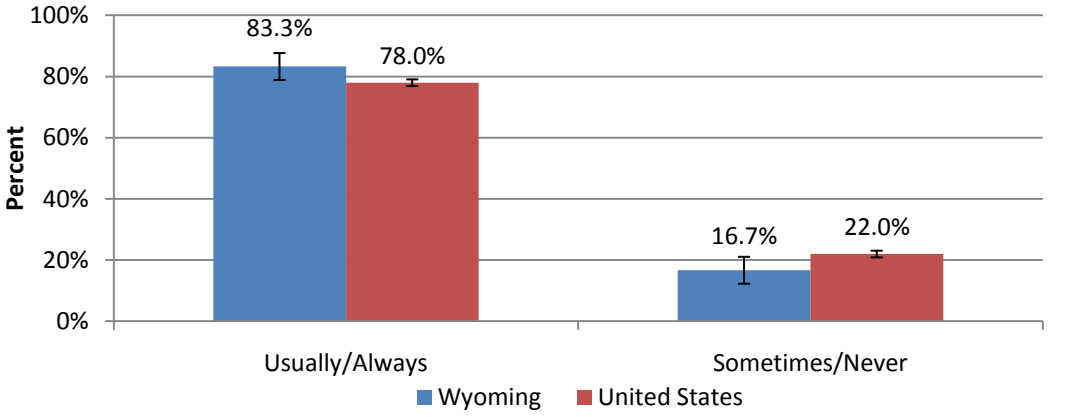


In 2005-2006, the proportion of Wyoming CSHCN ages 12 to 17 years (46.5%) who reported not receiving all needed anticipatory guidance for transition to adult healthcare did not significantly different than the national CSHCN population (52.6%). [1]



In 2005-2006, the proportion of Wyoming CSHCN ages 12 to 17 years (83.3%) who reported usually/always receiving encouragement of age appropriate self management skills from their doctor as a part of transitioning to adulthood, did not significantly different than the national CSHCN population (78.0%). [1]

Percent of CSHCN ages 12 to 17 years whose doctors encouraged development of age appropriate self management skills, 2005-2006



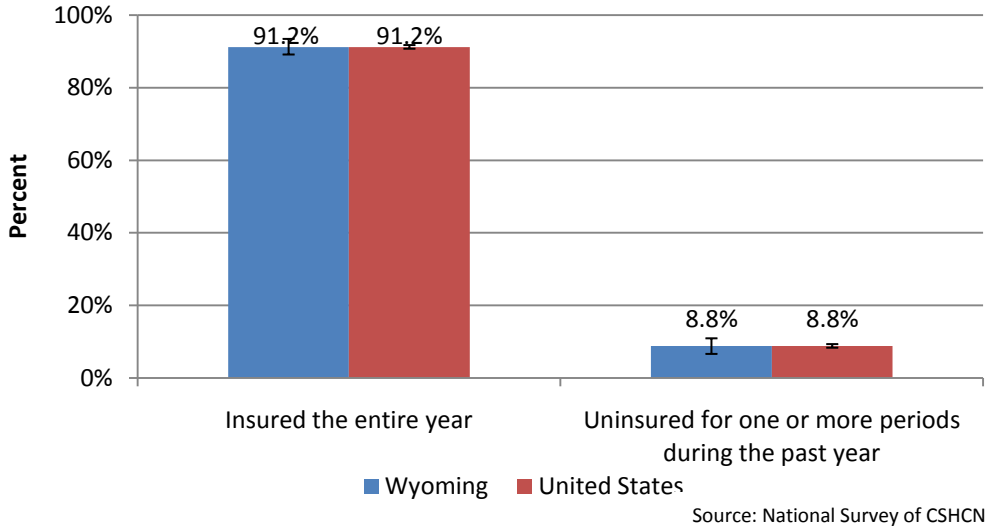
Source: National Survey of CSHCN

INSURANCE COVERAGE

CSHCN INSURANCE COVERAGE AND COSTS

In 2005-2006, the proportion of Wyoming CSHCN (91.2%) who were uninsured at some point during the past year was the same as the U.S. CSHCN population (91.2%). [1]

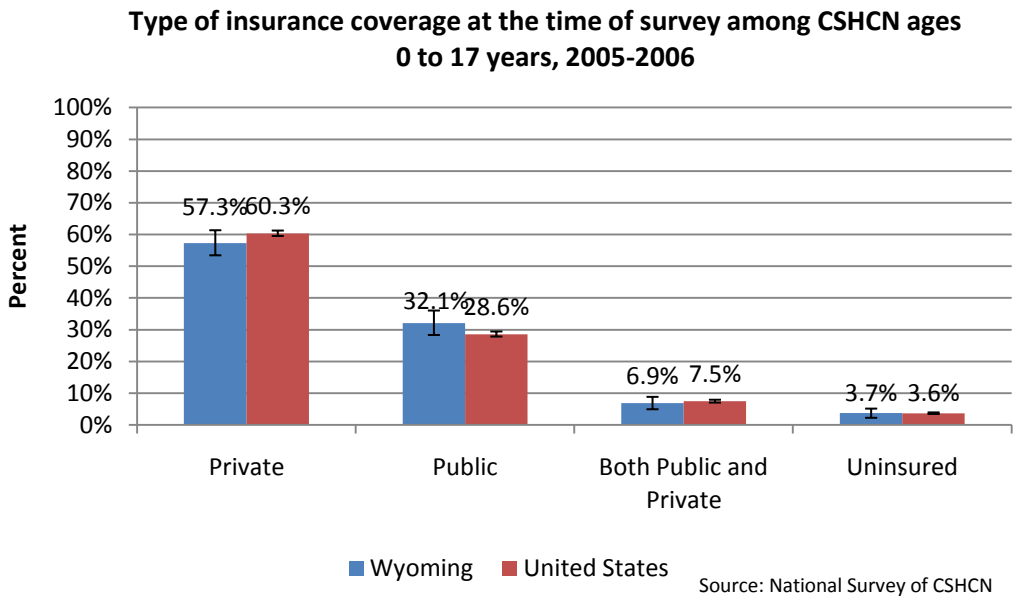
Percent of CSHCN ages 0 to 17 years who were uninsured at some point during the past year, 2005-2006



Source: National Survey of CSHCN

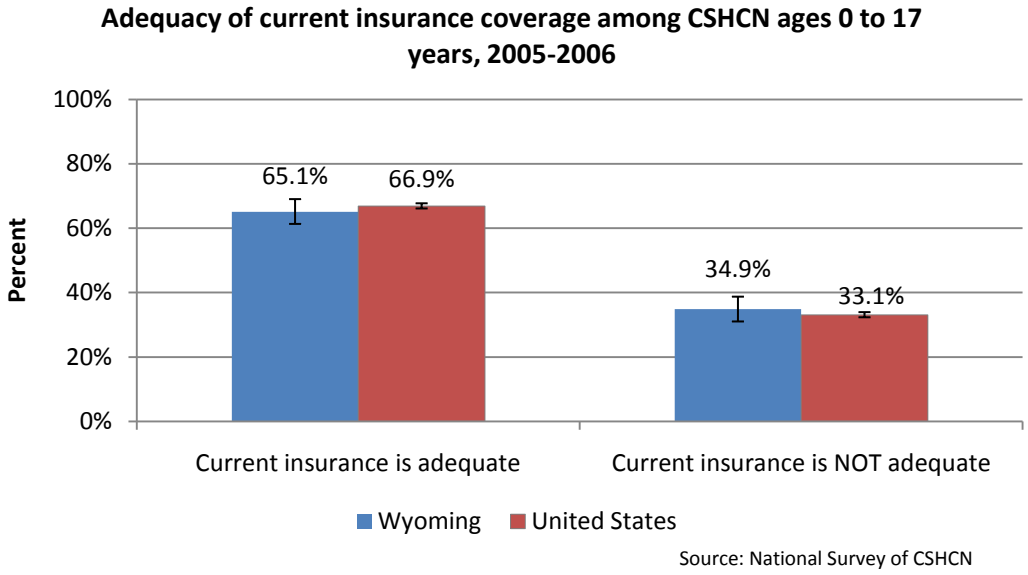
HEALTH INSURANCE COVERAGE BY TYPE

In 2005/2206, the majority of Wyoming CSHCN ages 0 to 17 years (57.3%) had private insurance. The proportion of Wyoming CSHCN with private insurance was not significantly different from the national CSHCN population (60.0%). The percent of Wyoming CSHCN (32.1%) covered by public insurance was not significantly different from the national CSHCN population (28.6%). The percent of Wyoming CSHCN (6.9%) covered by a combination of public and private insurance was not significantly different from the national CSHCN population (7.5%). The proportion of Wyoming CSHCN (3.7%) that were uninsured at the time of the survey was similar to that of the national CSHCN population(3.6%). [1]



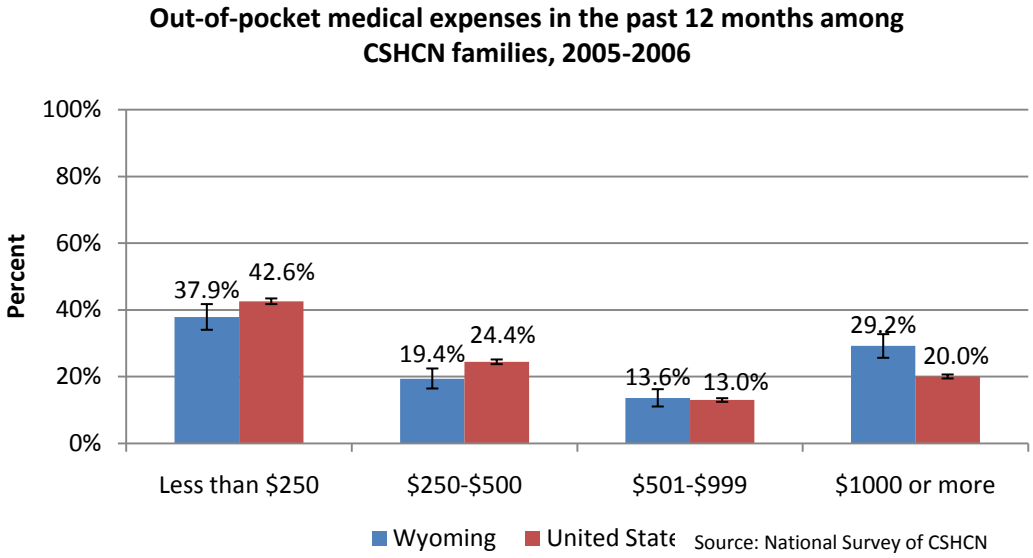
ADEQUACY OF HEALTH INSURANCE COVERAGE

In 2005-2006, a majority of Wyoming CSHCN (65.1%) reported having adequate health insurance coverage. The proportion of Wyoming CSHCN with adequate health insurance coverage was similar to the national CSHCN population (66.9%). The proportion of Wyoming CSHCN(34.9%) who reported having health insurance coverage that was not adequate was not significantly different than the national CSHCN population (33.1%). [1]



OUT-OF-POCKET MEDICAL EXPENSES

In 2005-2006, 29.2% of Wyoming families with a CSHCN reported paying $1,000 or more in out-of-pocket medical expenses in the past 12 months. The proportion of Wyoming families with a CSHCN reported paying $1,000 or more in out-of-pocket medical expenses in the past 12 months was significantly greater than the national CSHCN population of 20.0%. [1]



SCREENINGS

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)

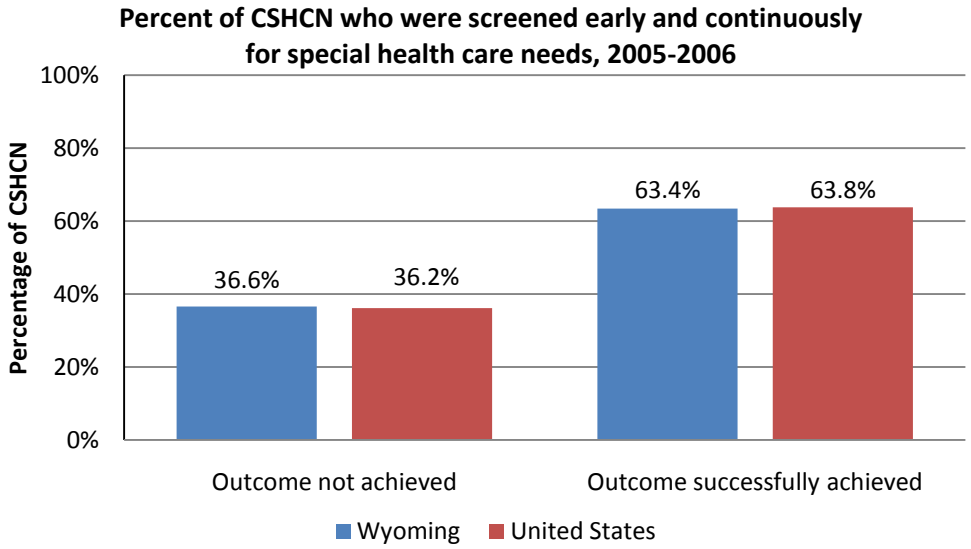
There are three types of screenings a state must provide for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program: [12]

- Initial screen: a check-up that must be provided when a child enters the Medicaid program
- Periodic screen (well child check-up): should occur at regular intervals (e.g., babies receive six periodic screenings in the first 12 months)
- Inter-periodic screen: a check-up or assessment at any time outside of a regularly scheduled visit, if a child shows signs of illness or a change in his/her condition

In Fiscal Year 2009, 59.9% of Wyoming Medicaid clients ages 0 to 5 years received at least one initial periodic screen, 21.2% of Wyoming Medicaid clients ages 6 to 14 years reported to have received at least one initial periodic screen, and 15.1% of Wyoming Medicaid clients ages 15 to 20 years reported to have received at least one initial periodic screen. [12]

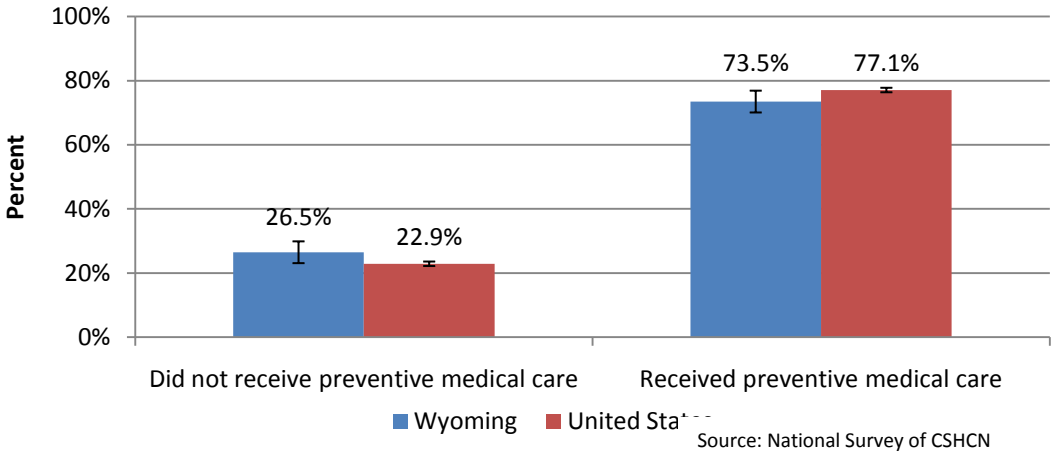
EARLY AND PERIODIC SCREENING DIAGNOSIS TREATMENT FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

In 2005-2006, the percent of Wyoming CSHCN who received early and continuous screening for special health care needs was similar among Wyoming CSHCN (63.4%) to the United States (63.8%). [1]



In 2005-2006, the proportion of Wyoming CSHCN receiving any preventive medical care during the past 12 months is significantly lower among Wyoming CSHCN (73.5%) than the United States CSHCN (77.1%) population. In addition, the proportion of Wyoming CSHCN not receiving any preventive medical care in the past 12 months is significantly higher than the United States CSHCN proportion. [1]

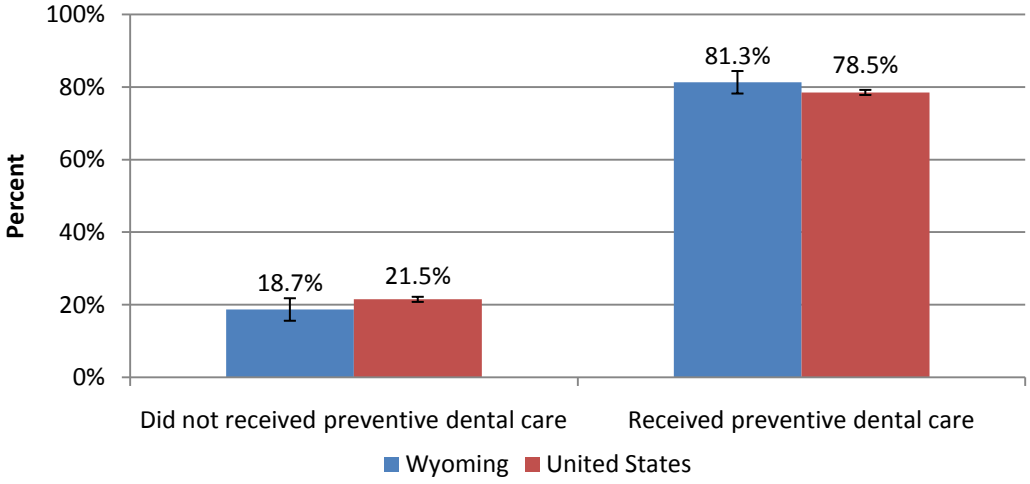
CSHCN ages 0 to 17 years who received any preventive medical care during the past 12 Months, 2005-2006



Source: National Survey of CSHCN

In 2005/2006, the proportion of Wyoming CSHCN (81.3%) who received any preventive dental care during the past 12 months was not significantly greater than the national CSHCN (78.5%) population. [1]

Percent of Wyoming CSHCN ages 0 to 17 years who received any preventive dental care during the past 12 months, 2005-2006

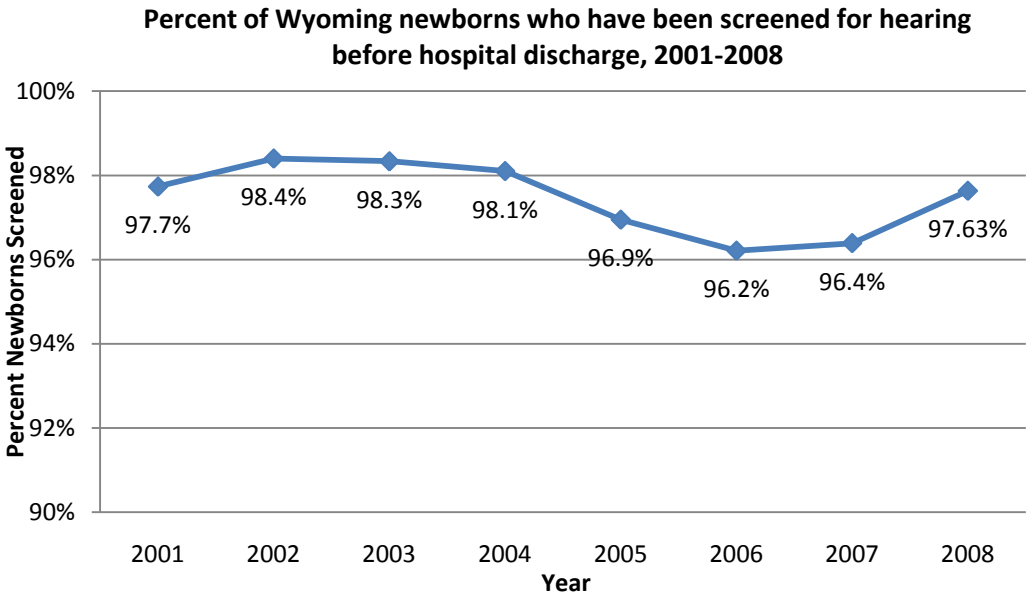


Source: National Survey of CSHCN

NEWBORN HEARING DETECTION AND INTERVENTION

Currently there are 21 birthing hospitals in Wyoming. Each of these hospitals participated in the Early Hearing Detection and Intervention (EHDI) program and has equipment available on site to perform newborn hearing screening.

The percent of newborns screened for hearing before hospital discharge in 2008 was 97.6%. This represents a statistically significant increase from 96.4%, the proportion of newborns screened prior to hospital discharge in 2007. In addition, the proportion of newborns screened has consistently increased since 2006, however the percent of newborns screened for hearing before hospital discharge has remained below our goal of 100%.



Source: Wyoming Early Hearing Detection and Intervention (EHDI) Program and Wyoming Vital Statistics Services

WYOMING LION'S EARLY CHILDHOOD VISION PROJECT

The Wyoming Lions Early Childhood Vision Project trains screeners to conduct five vision-screening activities: External Observation, Photo screening, Near and Distance Acuity using the LEA symbols, and depth perception using the Lang Stereo Test. When a child fails a vision screening, families are encouraged to take their child to a professional eye care provider for a comprehensive eye exam. The purpose of vision screening is to prevent serious vision problems through early detection. [13]

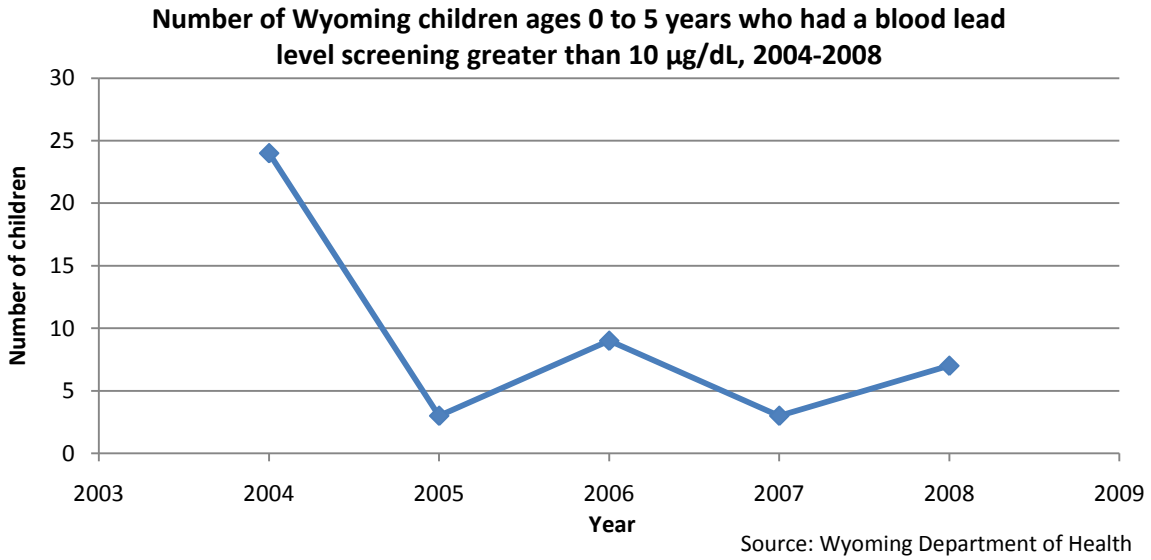
Wyoming Lion's Club Vision Screening Data		
	2008	2001-2008
Number of sessions	436	2815
Number of children screened	5936	44036
*Children screened ages 6 to 36 months	2432 (41%)	17124 (39%)
*Children screened >36 months	3453 (58%)	26486 (60%)
Number screened by Lion's volunteers	317	7257
Number screened at developmental centers/Head Start	5492	37902
Number referred for follow-up due to a failed screening	477	4109
Number receiving follow-up	161	1985
Number of children with amblyopia	16	274
Number of children with other diagnosis	120	1326

*Age unknown for remainder of children screened

BLOOD LEAD LEVELS

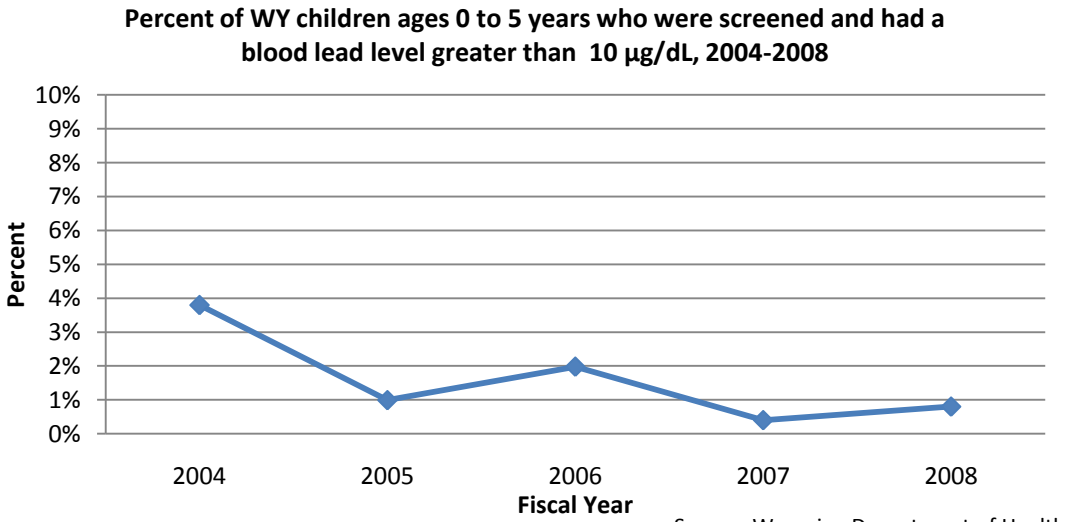
Small amounts of lead in the blood can lead to learning disabilities and behavioral problems. Very high amounts of lead in the blood can lead to seizures, coma, and possibly death. The CDC recommends public health actions be taken to reduce blood lead levels greater than 10µg/dL. [14]

The number of Wyoming children ages 0 to 5 years with a blood lead level of 10 µg/dl has fluctuated from year to year. [15]



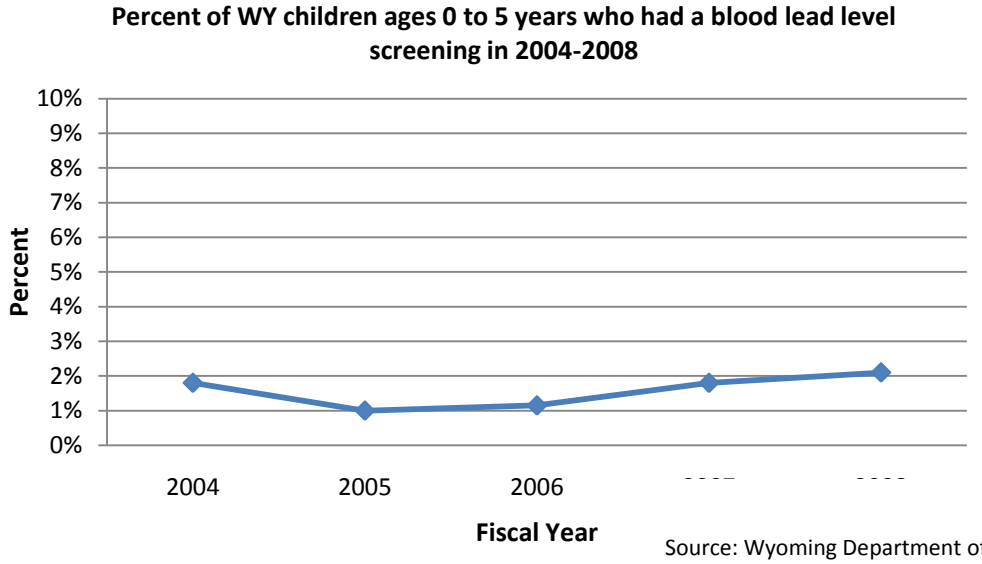
Source: Wyoming Department of Health
Lead Poisoning Prevention Program

Each year between 2004 and 2008, less than 4% of the WY children ages 0 to 5 years who had a blood lead level screening had a blood lead level greater than 10 µg/dL. [15]



Source: Wyoming Department of Health
Lead Poisoning Prevention Program

Between 2004 and 2008, less than 3% of the WY children ages 0 to 5 years had a blood lead level screening each year. [15]

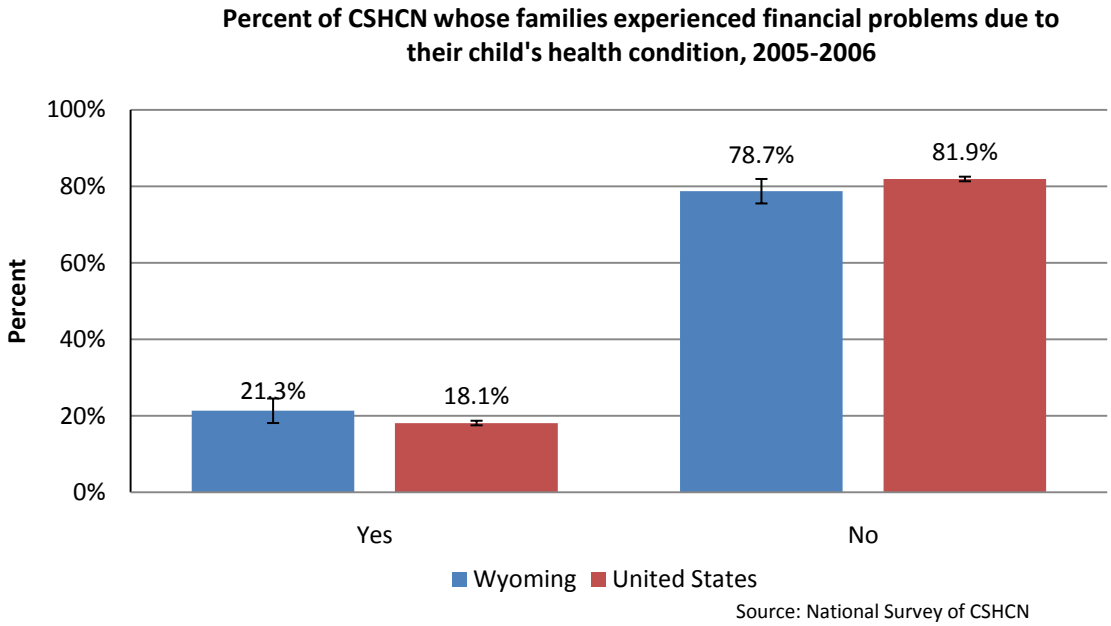


Source: Wyoming Department of Health
Lead Poisoning Prevention Program

CSHCN IMPACT ON FAMILIES

FINANCIAL IMPACT

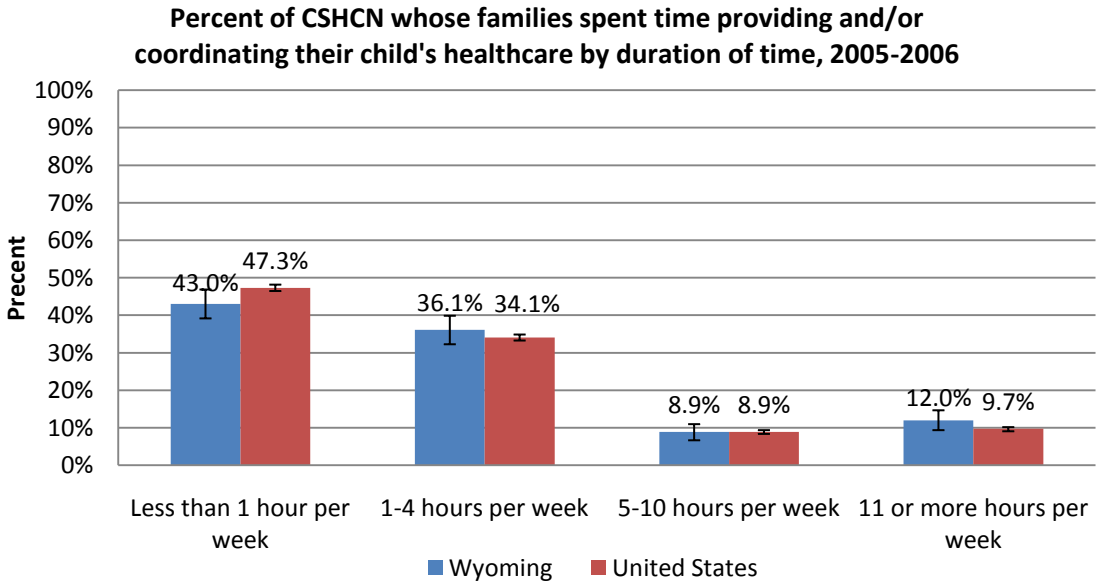
In 2005-2006, the majority of Wyoming CSHCN families (78.7%) and U.S. CSHCN families (81.9%) did not experience financial problems due to their child's health condition. The proportion of Wyoming CSHCN families (21.3%) experienced financial problems due to their child's health condition was not statistically different than CSHCN in the United States (18.1%). [1]



Source: National Survey of CSHCN

TIME SPEND PROVIDING AND/OR COORDINATING HEALTHCARE

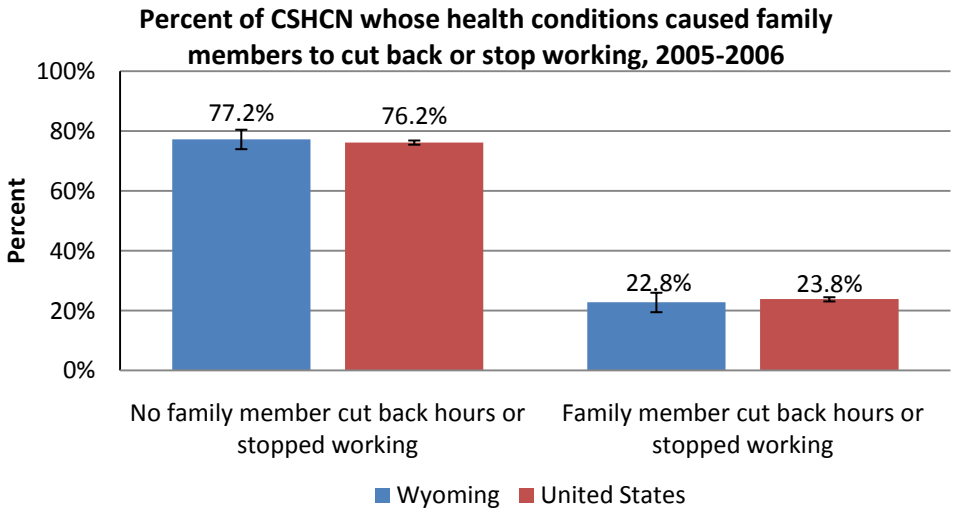
In 2005-2006, 12.0% of Wyoming CSHCN families reported spending 11 or more hours per week providing and/or coordinating their children's healthcare. The amounts of time spent by CSHCN families providing and/or coordinating their children's healthcare are not statistically different between the Wyoming and the United States CSHCN population. [1]



Source: National Survey of CSHCN

EMPLOYMENT IMPACT OF CSHCN

In 2005-2006, the majority of CSHCN families (77.2%) did not have a family member cut back hours or stop working due to the child's health condition. The proportion of Wyoming CSHCN (22.8%) who had family members who have cut back or stopped working due to their child's health condition was not significantly different than in United States CSHCN families (23.8%). [1]



Source: National Survey of CSHCN

MENTAL HEALTH

EMOTIONAL AND MENTAL HEALTH ISSUES AMONG WYOMING CHILDREN

Children age 0 to 5 years:

Parents' concerns about their child's learning, development, and behavior can be an indication of a child's risk for developmental, behavioral and/or social delays. [16]

- The percent of Wyoming children who have parents with one or more concerns about child's physical, behavioral or social development was 39.3%; this was not significantly different from the nation (40.1%). [16]
- The percent of Wyoming children who are at risk for developmental, behavioral or social delays was not statistically different from the nation ($p>0.05$). [16]
- The percent of Wyoming children who play with other children their own age every day was significantly lower than the national estimate ($p=0.045$). [16]

  [U.S. 31.4% (29.8-32.9) vs. WY 22.6% (17.4-27.8)]
- The percent of Wyoming parents who were asked about developmental concerns by a healthcare provider was 57.8%; this was significantly greater than the national estimate of 48.0% ($p<0.01$). [16]

Children age 6 to 17 years:

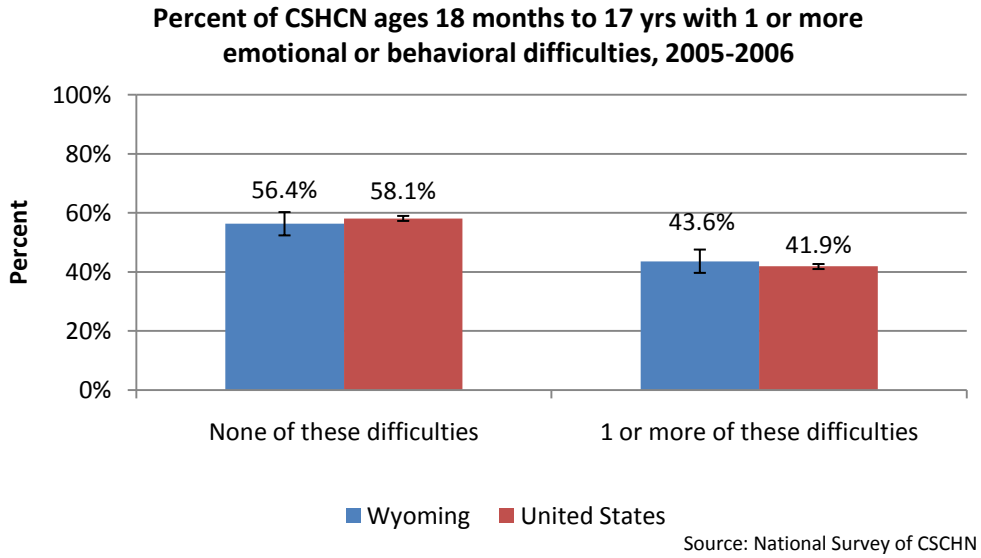
- The percent of Wyoming children who consistently exhibit positive social skills was 94.7%; this was not significantly different from the nation (93.6%). [16]
- The percent of Wyoming children who consistently exhibit problematic social behaviors was 7.7%; this was not statistically different from the nation (8.8%) ($p>0.05$). [16]

Children ages 2 to 17 years:

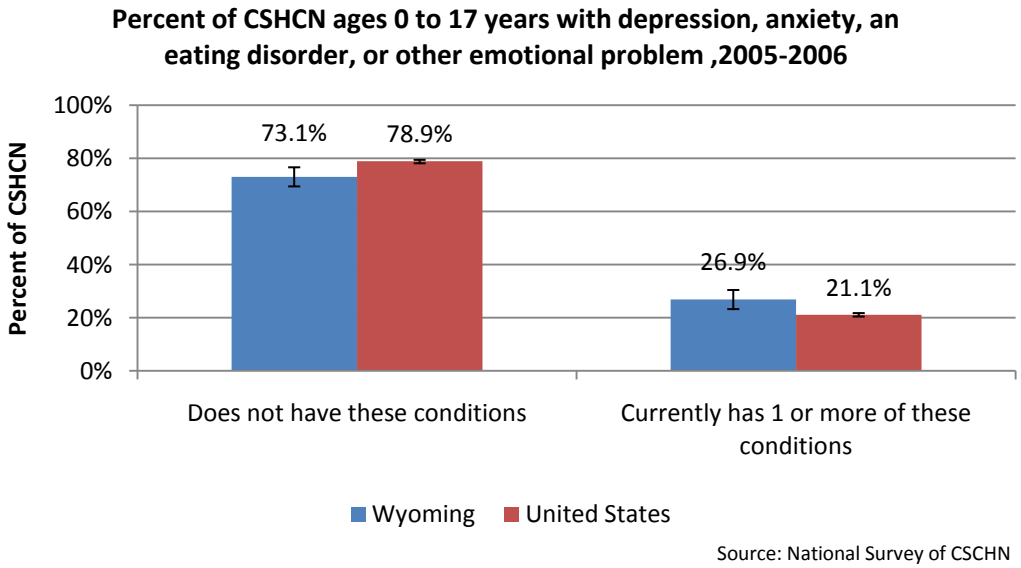
- The percent of Wyoming children who currently have ADHD and are taking medication was 4.0%; this was not different from the national estimate of 4.2% ($p=0.89$). [16]
- Parents rated the severity of their child's ADHS similarly in Wyoming and the nation ($p> 0.50$ for both categories). [16]
  - Mild: WY 2.6% (1.4-3.8), U.S. 3.0% (3.0-3.2)
  - Moderate/Severe 3.4% (2.3-4.4), U.S. 3.4% (3.1-3.7)
- The percent of Wyoming children who are taking medication for ADHD, emotions, concentration or behavioral issues was 6.8%; this was not significantly different from the national estimate of 6.2% ($p=0.80$). [16]
- The percent of Wyoming children that received needed mental health service or counseling during the past 12 months was 67.6%; this was not significant greater than the national estimate of 60.0% ($p=0.13$). [16]
- The percent of Wyoming children that received some type of treatment or counseling from a mental health professional during the past 12 months was 10.5%; this was not significantly greater than the national estimate of 8.1% ($p=0.35$). [16]

EMOTIONAL AND MENTAL HEALTH ISSUES AMONG WYOMING CSHCN

In 2005-2006, 43.6% of Wyoming CSHCN ages 18 months to 18 years had one or more difficulties involving anxiety or depression; behavior problems such as acting out, bullying or arguing; or making and keeping friends.

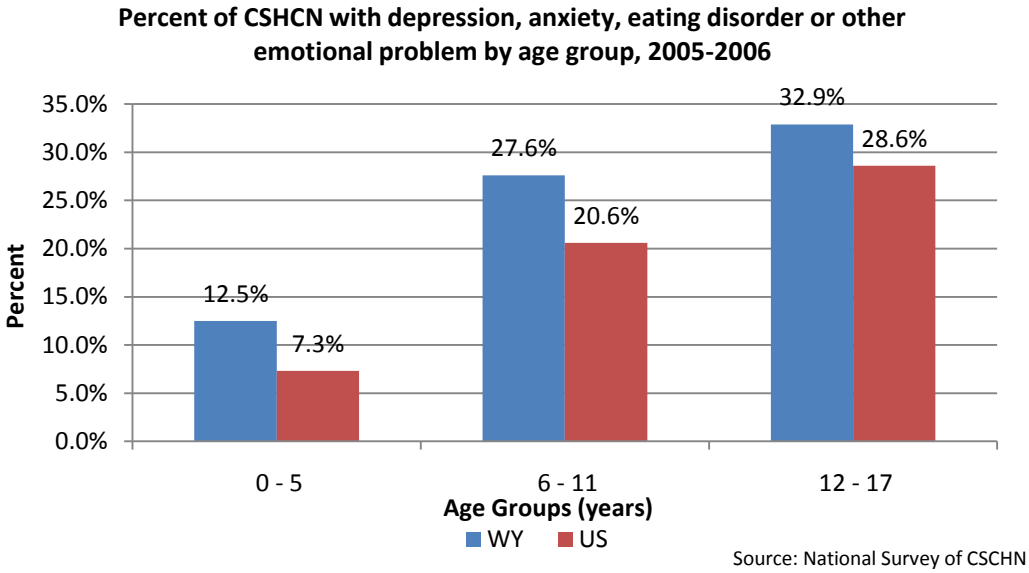


In 2005-2006, the prevalence of one or more emotional conditions, including depression, anxiety, and eating disorder or other emotional problem, among Wyoming CSHCN was 26.9%; this was significantly higher than the national percent of 21.1%. [1]



AGE

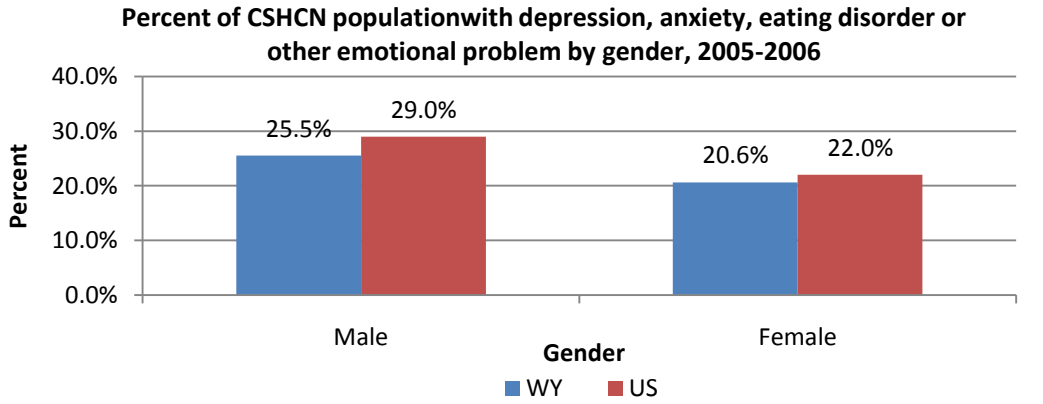
In 2005-2006, the proportion of Wyoming CSHCN with depression, anxiety, eating disorder or other emotional problem was significantly greater regardless of age group than the national CSHCN population. [1]



Source: National Survey of CSCHN

GENDER

In 2005-2006, a greater proportion of Wyoming CSHCN population with depression, anxiety, eating disorder or other emotional problem were males (25.5%) than female (20.6%). In addition, the greater proportion of national CSHCN population (29.0%) with depression, anxiety, eating disorder or other emotional problem were males than the Wyoming CSHCN population (25.5%). As well, the greater proportion of national CSHCN population (22.0%) with depression, anxiety, eating disorder or other emotional problem were females than the Wyoming CSHCN population (20.6%). [1]

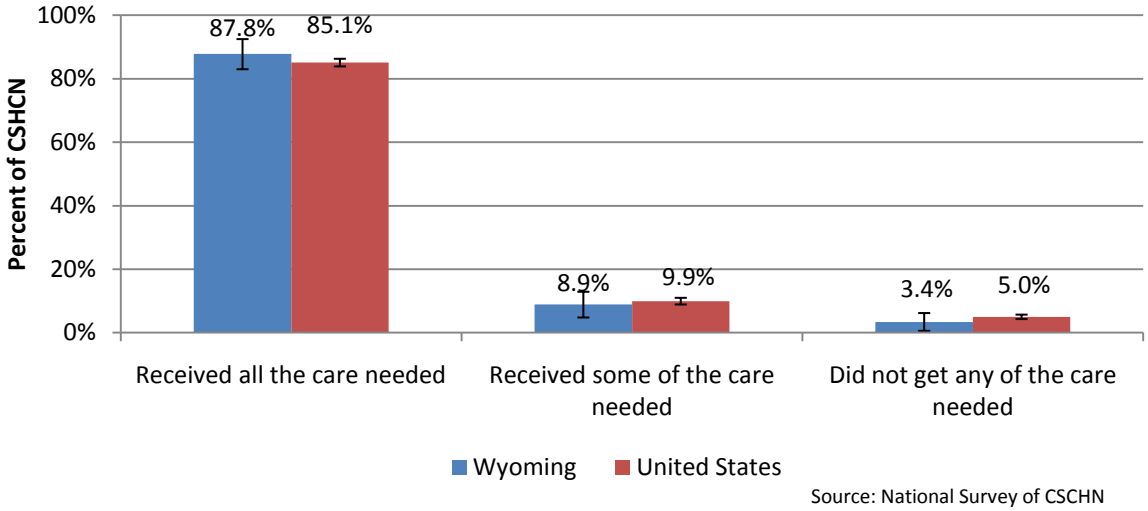


Source: National Survey of CSCHN

UNMET NEEDS FOR MENTAL HEALTHCARE OR COUNSELING

In 2005-2006, the proportion of Wyoming CSHCN (12.2%) that did not receive all of the mental health care or counseling they needed was not significantly different than CSHCN nationally (14.9%). [1]

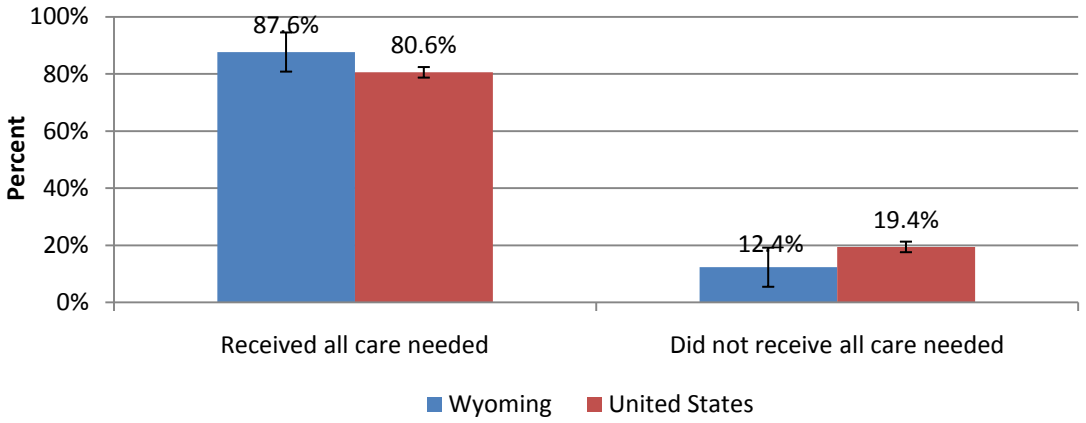
Percent of CSHCN Ages 0 to 17 years with unmet needs for mental healthcare or counseling, 2005-2006



Source: National Survey of CSCHN

In 2005-2006, the majority of Wyoming CSHCN families (87.6%) did not report any unmet needs for family mental healthcare compared to 80.6% of CSHCN families nationally. The proportion of Wyoming CSHCN families (12.4%) who reported not receiving all the family mental healthcare they needed was not significantly different than the national CSHCN population (19.4%). [1]

Percent of CSHCN families ages 0 to 17 years with unmet needs for family mental healthcare, 2005-2006



Source: National Survey of CSCHN

MENTAL HEALTH SERVICES

The Mental Health and Substance Abuse Services Division (MHSASD) of the Wyoming Department of Health, currently contracts with 15 mental health providers who service a combination of 30 facilities and offices in Wyoming [17]. The number of beds in each of these facilities is not collected by MHSASD. Seven of the providers are funded to offer services around supported independence projects (SIP); there is not a common/uniform definition of SIP. However, many of the SIP are considered residential treatment programs, five providers are funded to offer group homes [17]. These group homes are located within each of MHSASD five regions of care. In addition to MHSASD funds, all state funded mental health providers accept Medicaid [17].

SUBSTANCE ABUSE TREATMENT SERVICES

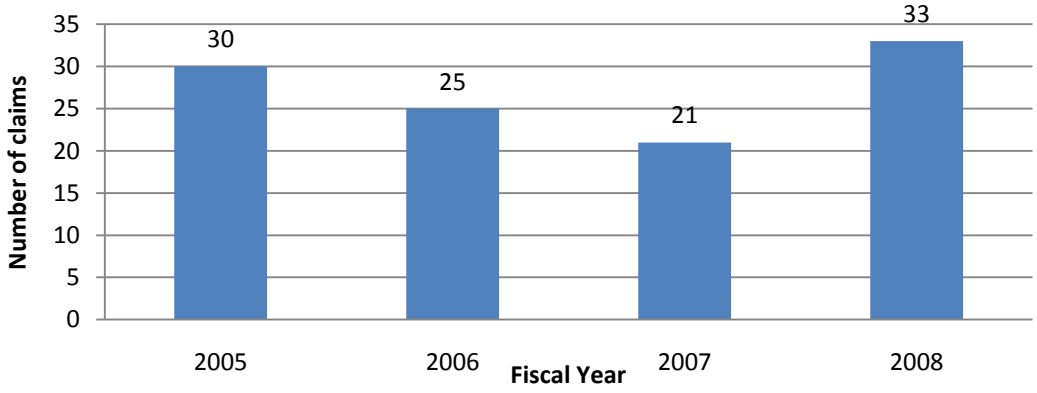
The Mental Health and Substance Abuse Service Division (MHSASD) of the Wyoming Department of Health, contracts with 19 substance abuse treatment providers who service a combination of 31 facilities or offices. Some of these providers offer both mental health and substance abuse treatment services [17]. There are a total of 255 state funded residential treatment beds, 38 state funded transitional beds, and 38 state funded social/medical detox beds. All but two of the 19 state funded substance abuse treatment providers accept Medicaid [17]. The two providers that do not accept Medicaid are due to their smaller practices, as well as many of the services they offer are not covered by Medicaid [17].

WYOMING KID CARE CHIP CHEMICAL DEPENDENCY AND MENTAL HEALTH CLAIMS AND SERVICES

Kid Care CHIP provides health insurance coverage for Wyoming children and adolescents from 0 to 18 years of age who meet income and eligibility guidelines. Institutional claims are those submitted for services provided in an institution such as a hospital, professional claims are those provided by a physician and may overlap with institutional claims depending on how claims are submitted or filed. Every effort is made to count institutional stays as only one claim, however professional services are based on the actual number of services and do not cover a course of treatment. [18]

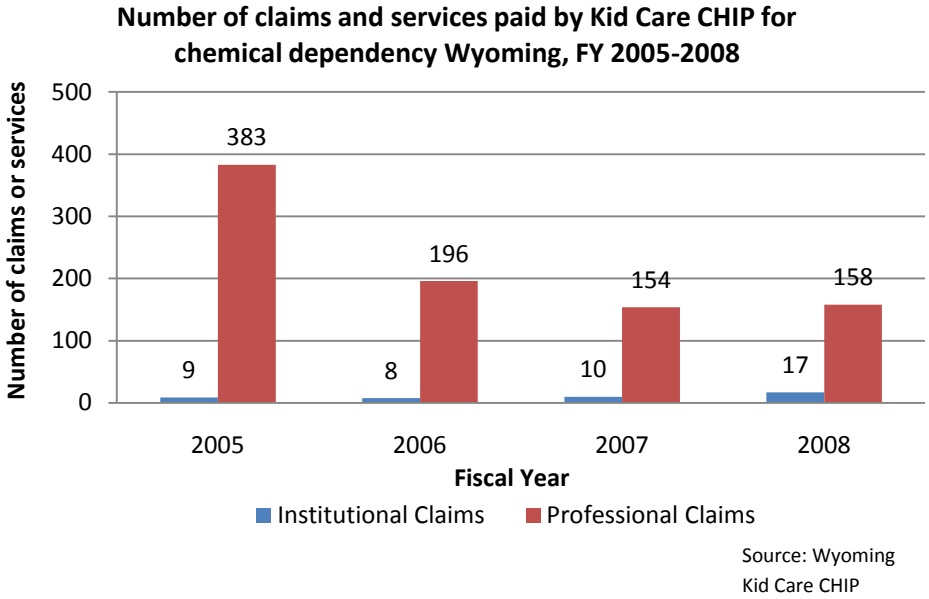
The number of Wyoming children ages 0 to 18 years with claims or services for chemical dependency paid by Kid Care, fluctuated from year to year. [18]

Number of Wyoming children with claims or services for chemical dependency paid by Kid Care CHIP, FY 2005-2008

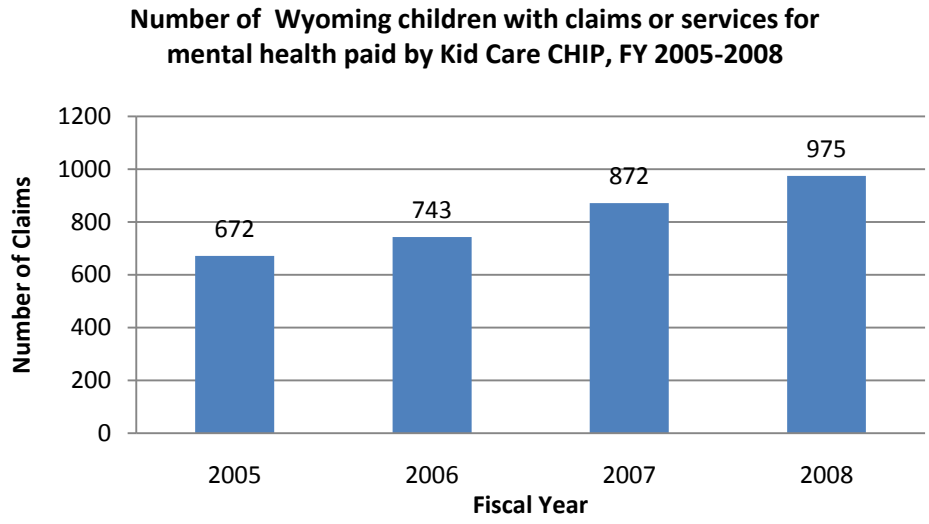


Source: Wyoming Kid Care CHIP

Children ages 16 to 18 years made up the largest group of kids receiving services for chemical dependency. There was no data on children younger than three years of age. [18]



The number of Wyoming children ages 0 to 18 years with claims or services for mental health paid by Kid Care, has steadily increased between 2005 and 2008. [18]

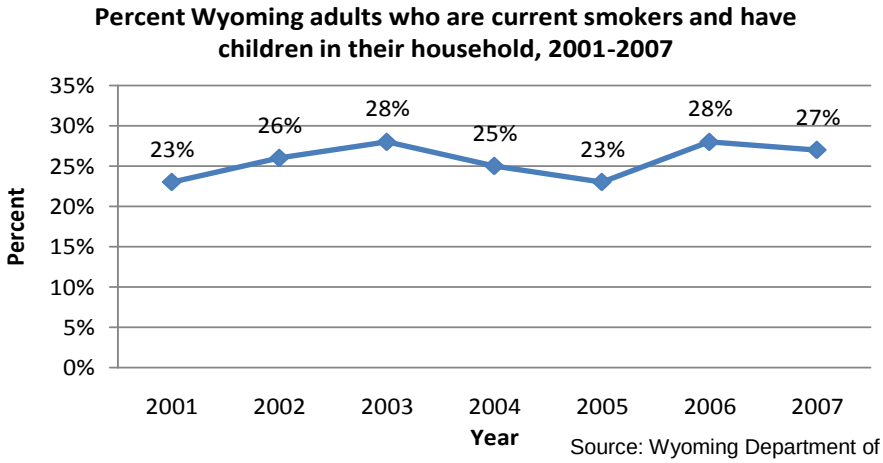


SUBSTANCE USE AMONG WYOMING ADULTS LIVING WITH CHILDREN

Substance use by adults in households can affect the well-being of children living there. The Wyoming Behavioral Risk Factor Surveillance System (BRFSS) is a random digit dial telephone survey of Wyoming residents ages 18 years and older. Respondents to the survey are likely parents; however, some may be grandparents or other caretakers. [19]

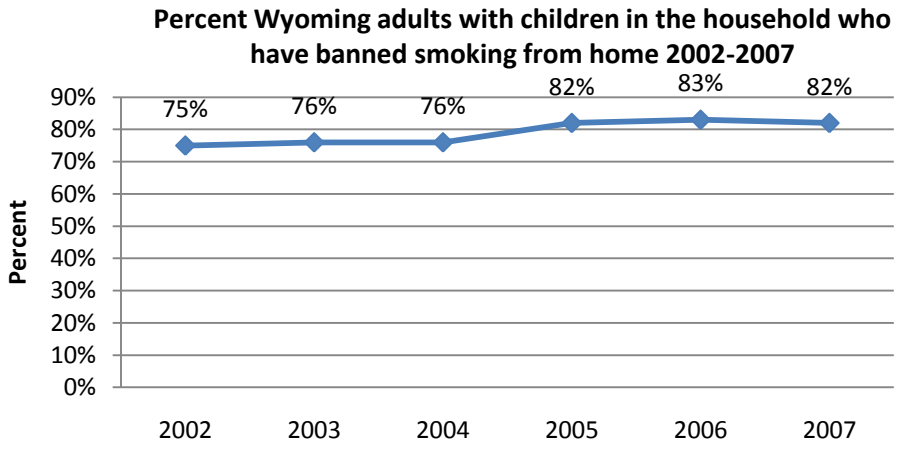
Secondhand smoke has been associated with premature death and disease in children. Household smoking is the primary area infants and children are exposed to second hand smoke[20]. Use of tobacco by household caregivers allows increased accessibility to tobacco products, as well as fostering the perception that tobacco use is normal and acceptable. [21]

In 2007, approximately one quarter (27%) of Wyoming adult smokers lived in a residence with children. The percent of currently smoking adults with children in the household has remained fairly consistent between 2001 and 2007. [19]



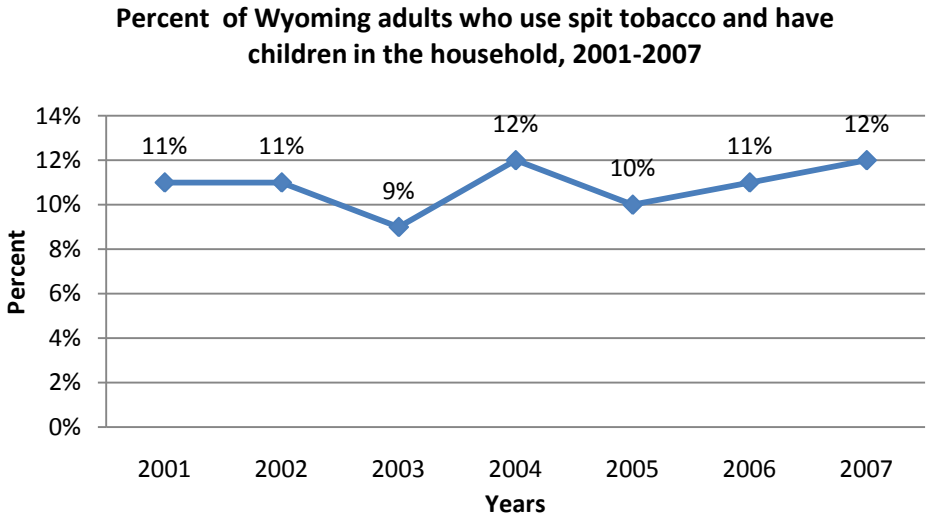
Source: Wyoming Department of Health Menlo Futa, BRFSS Administrator

In 2007, the majority of Wyoming households with children (82%) have banned smoking in the home. This indicator has remained fairly consistent between 2001 and 2007. [19]



Source: Wyoming Department of Health Menlo Futa, BRFSS Administrator

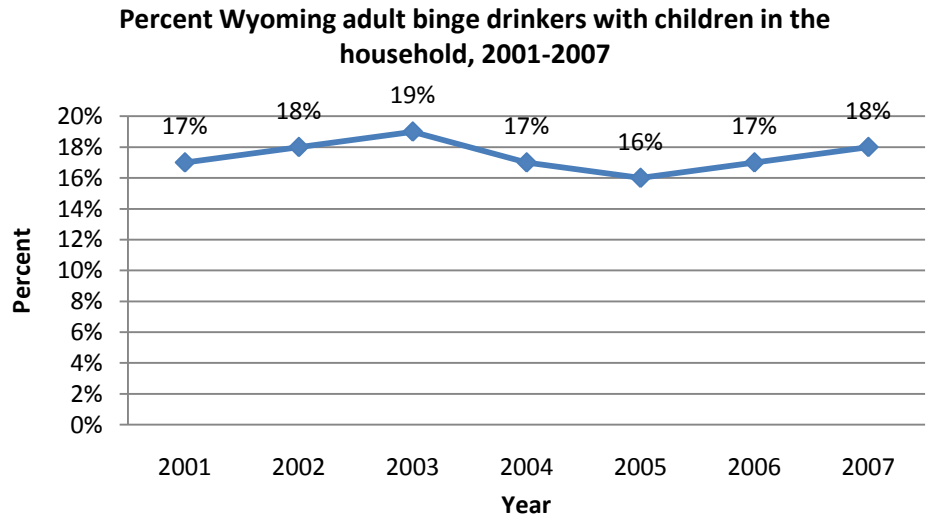
In 2007, 12.0% of adult smokeless tobacco users lived in a residence with children. Proportion of Wyoming adults using smokeless tobacco and living in a household with children remained consistent between 2001 and 2007. [19]



Source: Wyoming Department of Health Menlo Futa, BRFSS Administrator

Binge drinking in adults can affect children in numerous ways; alcohol use is associated with child and spousal abuse, teen pregnancy, school failure, motor vehicle crashes, homicides, suicides and drowning. It may cause substantial disruptions in family, work, and personal life. Alcohol use during pregnancy may cause fetal alcohol syndrome. [10]

Adult binge drinking with children in the home remained fairly constant at approximately 17.4% between 2001 and 2007. [19]



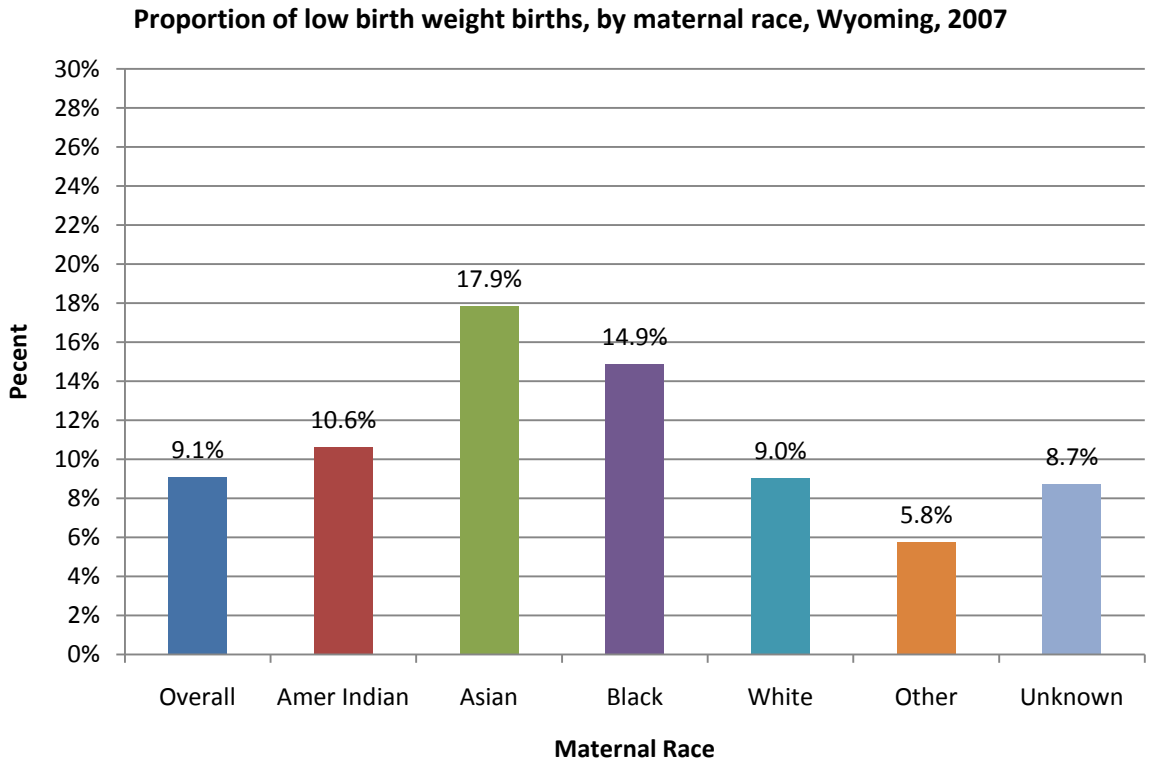
Source: Wyoming Department of Health Menlo Futa, BRFSS Administrator

LOW BIRTH WEIGHT

RACE

A baby's weight at birth is strongly associated with mortality risk during the first year and, to a lesser degree, with developmental problems in childhood and the risk of various diseases in adulthood.[22] Babies weighing less than 2500 grams (5 pounds, 8 ounces) at birth are considered low birth weight.

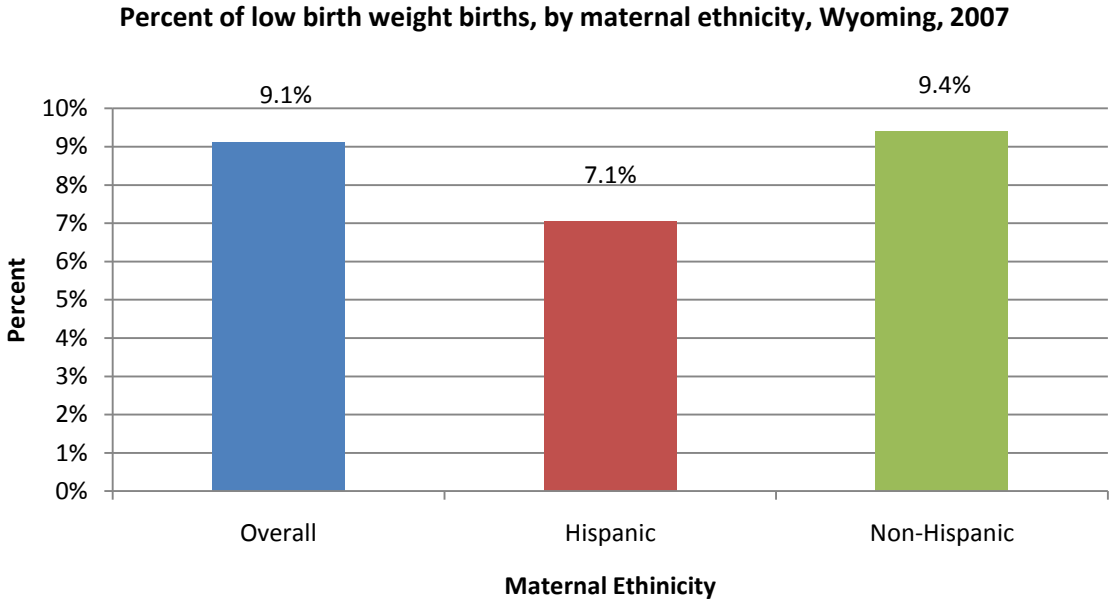
In 2007, among Wyoming women of all races, the proportion of babies born low birth weight was 9.12%. Although rates vary among different maternal races, the difference in the proportion of low birth weight babies was not statistically different across different maternal races.[23]



Source: Wyoming Vital Statistics Services

ETHNICITY

The proportion of low weight births was significantly higher among non-Hispanic women (9.4%) than Hispanic women (7.1%)(p = 0.04). [23]

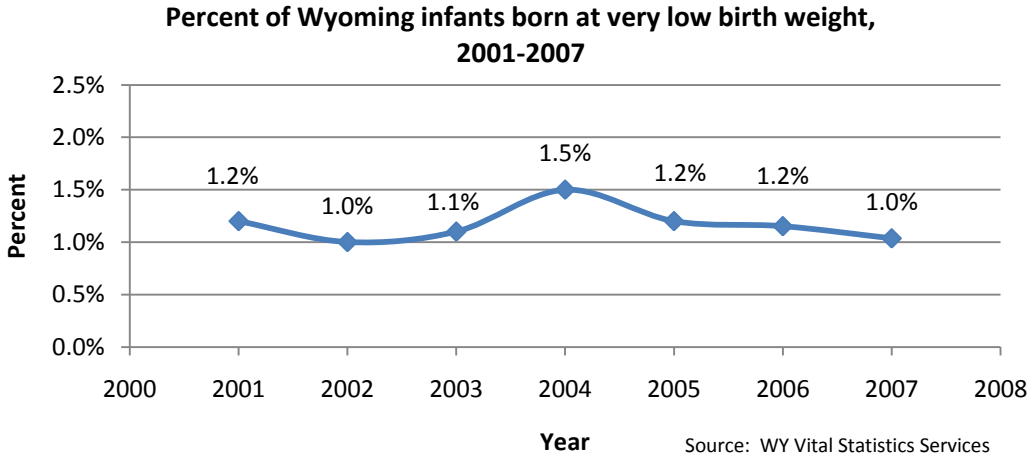


Source: WY Vital Statistics Services

VERY LOW BIRTH WEIGHT INFANTS

Infants weighing less than 1500 grams (3 pounds, 4 ounces) at birth are considered to be very low birth weight (VLBW).

The prevalence of VLBW has remained relatively stable between 2001 and 2007. In 2007, 1% (81) of all infants born to Wyoming residents was considered to be VLBW. [23] The national prevalence of VLBW in 2007 was 1.5%. [24]

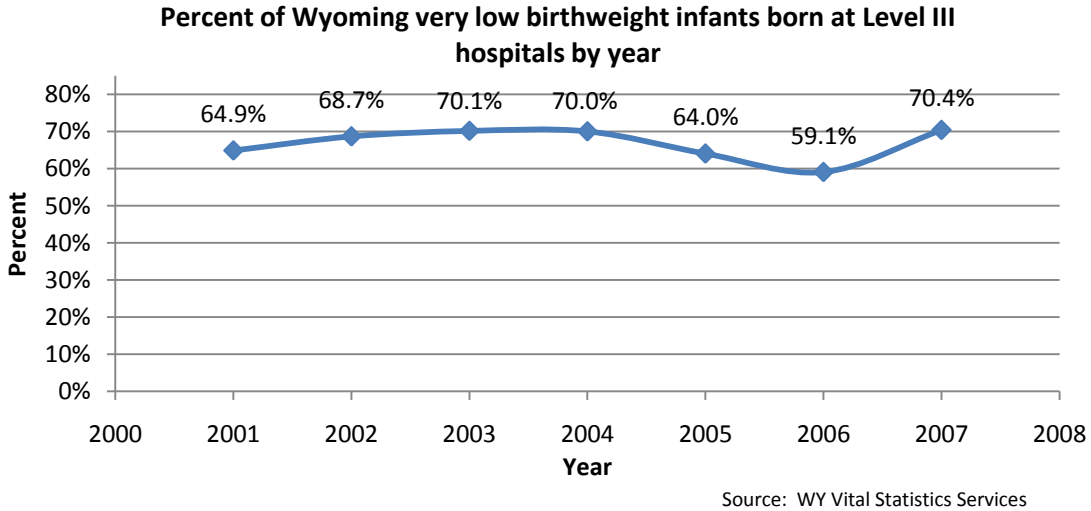


Source: WY Vital Statistics Services

VLBW INFANTS BORN AT LEVEL III HOSPITALS

Level III hospitals have the equipment and staff to handle very complicated births. These hospitals can care for mothers and/or newborns who have serious illnesses or abnormalities requiring intensive care before, during, or after delivery. Level III hospitals also provide care for uncomplicated births. Wyoming does not have a hospital with a level three nursery center.

In 2007, the percent of VLBW infants born at Level III hospitals (high-risk facilities) was 70.4%. This represented a statistically significant increase from 59.1% in 2006. [23]

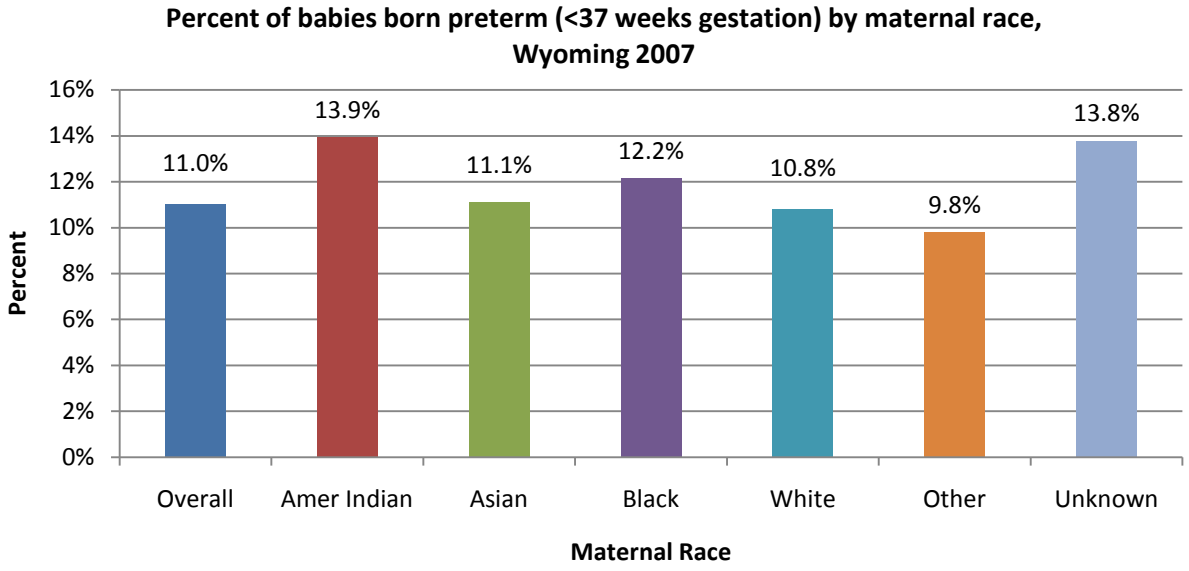


Source: WY Vital Statistics Services

PRETERM BIRTHS

RACE

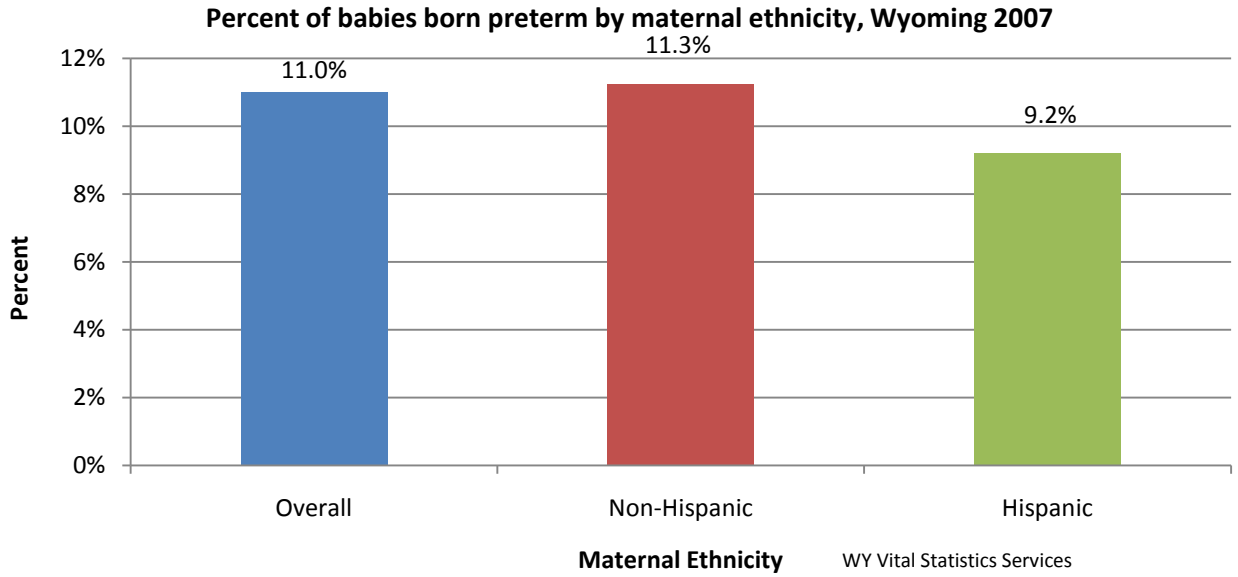
Babies born before 37 completed weeks of gestation are considered to be preterm. Among Wyoming women of all races in 2007, the proportion of babies born preterm is 11.04%. Although rates vary by maternal race, the differences were not statistically different. [23]



Source: WY Vital Statistics Services

ETHNICITY

In 2007, the proportion of preterm births was higher among non-Hispanic women (11.3%) compared to Hispanic women (9.2%), the difference was not statistically significant. [23]

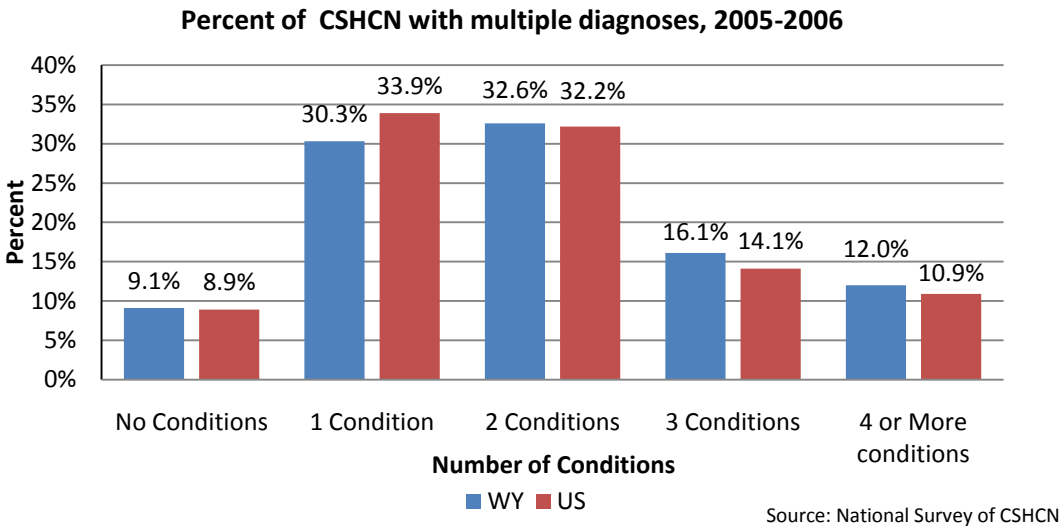


WY Vital Statistics Services

CSHCN MULTIPLE DIAGNOSES

In 2005-2006, sixteen conditions were asked about in the national survey of CSHCN: Asthma; ADHD or ADD; Autism or autism spectrum disorder; Down Syndrome; Mental Retardation or developmental delay; Depression, anxiety, eating disorder or other emotional problem; Diabetes; heart problems; anemia or sickle cell disease; Cystic Fibrosis; Cerebral Palsy; Muscular Dystrophy; Epilepsy or other seizure disorder; Migraines or frequent headaches; Arthritis or other joint problems; and allergies. [1]

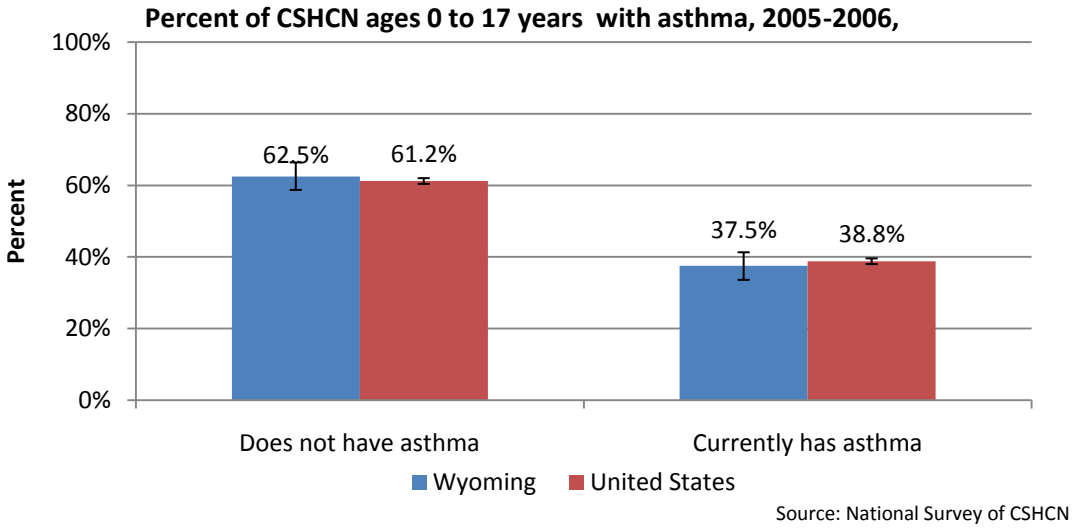
There is no statistical difference for any of these percents between Wyoming and the United States CSHCN populations. [1]



Source: National Survey of CSHCN

ASTHMA PREVALENCE AMONG CSHCN

In 2005-2006, approximately 40% of Wyoming CSHCN had asthma. The prevalence of asthma among Wyoming CSHCN (37.5%) was not significantly different than the national prevalence (38.8%). [1]

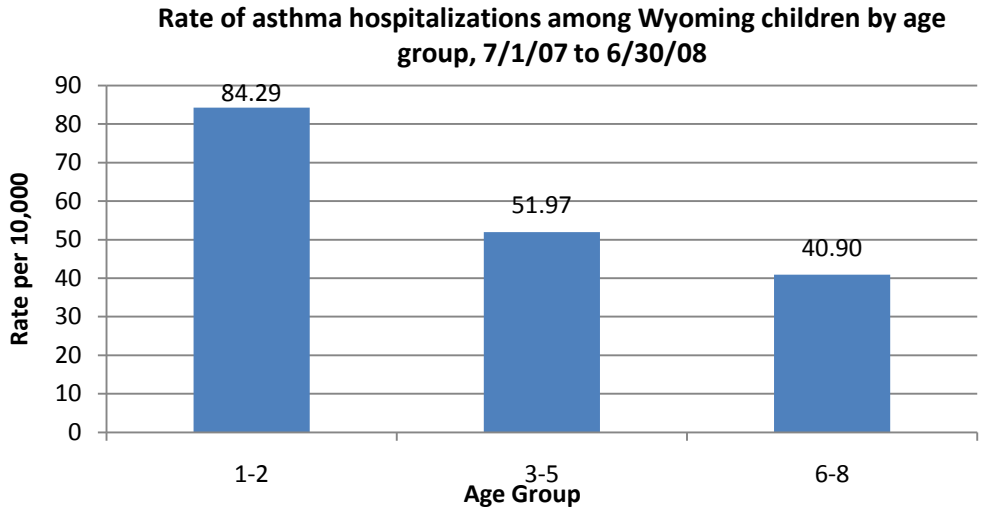


Source: National Survey of CSHCN

ASTHMA HOSPITALIZATIONS AMONG WYOMING CHILDREN

CHILDREN AGES 1 TO 8 YEARS

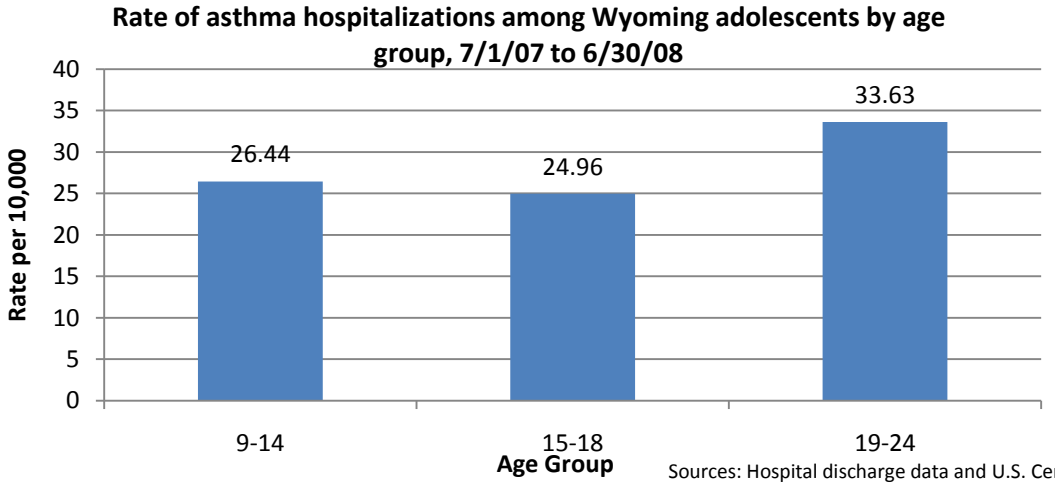
The overall rate of asthma hospitalizations among 1 to 8 year olds for FY 2007 was 56.66/10,000 children. The asthma hospitalizations rate is higher among the younger age groups. The numerator includes all hospitalizations and may represent multiple hospitalizations in one child. [9]



Sources: Hospital discharge data and U.S. Census Bureau data 2007

ADOLESCENTS AGES 9 TO 24 YEARS

In FY 2007, the overall rate of asthma hospitalizations among 9 to 24 year olds for Fiscal Year 2007 was 28.92/10,000 adolescents. The asthma hospitalization rate was slightly higher among the older adolescents in this age group. The numerator includes all hospitalizations and represents multiple hospitalizations in one child. [9]



Sources: Hospital discharge data and U.S. Census Bureau data 2007

In 2007, Wyoming's racial distribution of women ages 15 to 44 years of age differed from the national racial distribution. [11]

YOUTH RISK BEHAVIOR SURVEY (YRBS)

The Youth Risk Behavior Survey (YRBS) was developed by the Centers for Disease Control and Prevention (CDC) to measure the major health risk behaviors performed by youth. [25]

- Health risk behaviors include:
  - Intentional and unintentional injuries
  - Use of tobacco, alcohol, and other drugs
  - Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases
  - Unhealthy dietary behaviors
  - Inadequate physical activity
- These health risk behaviors are known to cause premature morbidity and mortality among youth and lead to chronic disease
- These risk behaviors are preventable

- High School YRBS
  - Conducted every other year since 1991
  - Results of the 2007 statewide high school survey are representative of all students in grades 9 through 12.
  - The 2007 statewide high school survey was completed by 2,244 students in 47 Wyoming public schools during the spring semester.
  - Demographic characteristics for 2007 participants:[25]

Sex	Grade Level	Race/Ethnicity
Female 47.7%	9th grade 26.4%	Black* 0.9%
Male 52.3%	10th grade 27.2%	Hispanic/ Latino 8.1%
	11th grade 23.6%	White* 86.3%
	12th grade 22.7%	All other races 2.6%
		Other 0.1%
		Multiple races 2.1%

- Middle School YRBS [25]
  - Conducted every other year since 1999
  - Results of the 2007 statewide middle school survey are representative of all students in grades 6 through 8
  - The 2007 statewide middle school survey was completed by 2,886 students in 53 Wyoming public schools during the spring semester
  - Demographic characteristics for 2007 participants:

Sex	Grade Level	Race/Ethnicity
Female 48.4%	6th grade 31.7%	Black* 0.5%
Male 51.6%	7th grade 33.7%	Hispanic/ Latino 9.4%
	8th grade 34.5%	White* 84.7%
		Other 0.0%
		All other races 3.3%
		Multiple races 2.1%

ASTHMA

Where applicable, Wyoming results are compared to national results. Wyoming YRBS results versus national YRBS results compare high school data only. All confidence intervals are given in Appendix A. Data was not reported for groups with sample sizes less than 100 by Wyoming Department of Education (WDE). [25]

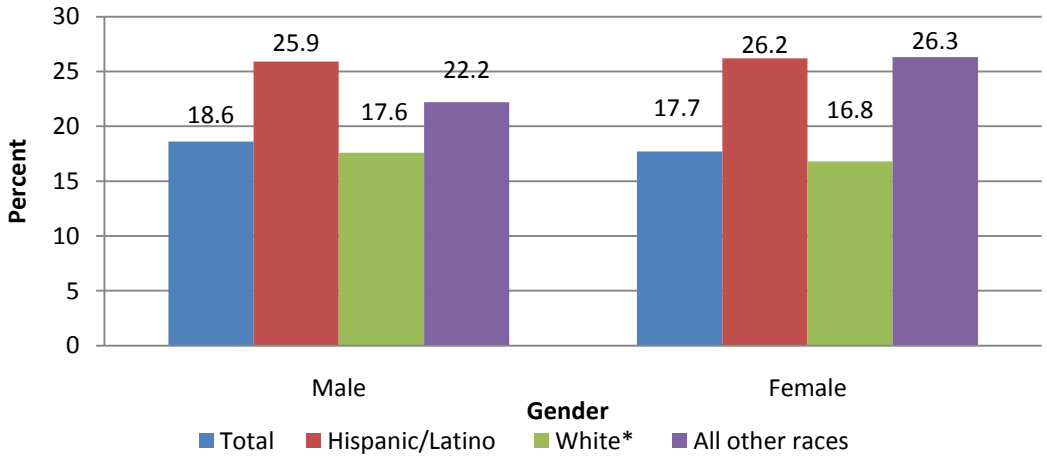
- The Hispanic/Latino results and other races results (when presented) should be interpreted with caution due to smaller sample sizes and wide confidence intervals (See Appendix A Tables 1-4) [25]

ASTHMA DIAGNOSIS

MIDDLE SCHOOL

In 2007, the proportion of Wyoming middle school boys and girls who reported ever being told by a doctor or nurse that they had asthma was not significantly different. A significantly higher percent of Wyoming Hispanic/Latino middle school boys who reported ever being told by a doctor or nurse that they had asthma than White* middle school boys ($p<0.01$). As well, significantly higher percents of Hispanic/Latino and all other races middle school girls reported ever being told by a doctor or nurse they had asthma than White* middle school girls ($p<0.01$ each). [25]

Percent of Wyoming middle school students who had ever been told by a doctor or nurse they had asthma, YRBS 2007

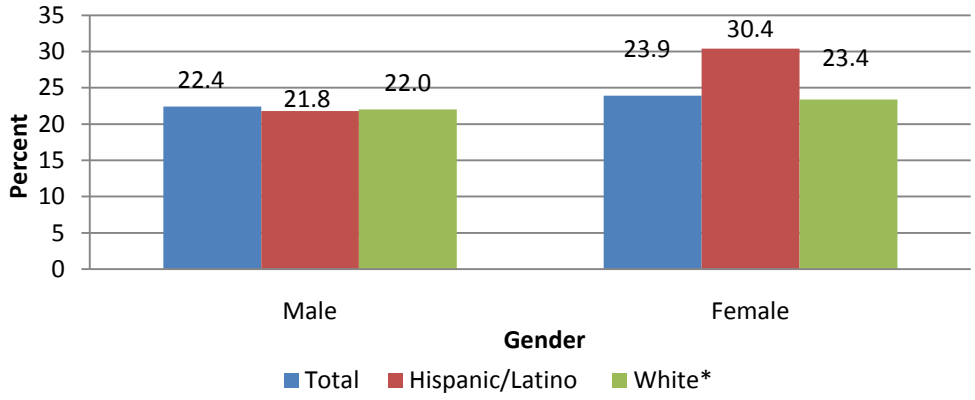


Source: 2007 Wyoming YRBS

HIGH SCHOOL

In 2007, there was no significant difference between Wyoming high school boys and girls who reported ever being told they had asthma (p=0.25). Among Wyoming high school boys, there is no racial/ethnic difference in those who reported ever being told they have asthma (p=0.96). As well, among Wyoming high school girls, there is no racial/ethnic difference in those who reported ever being told they have asthma (p=0.10). The overall percent of Wyoming high school students who reported ever being diagnosed with asthma was 23.1%. This is significantly higher than the 2007 national YRBS estimate of 20.3% (p = 0.02). The overall percent of Wyoming high school students who have ever been told they have asthma was 23.1%. This is significantly higher than the 2007 national YRBS of 20.3% (p=0.02). The 2007 national YRBS estimate of high school students who have ever been told they have asthma was boys 19.9%, girls 20.7%. [25]

Percent of Wyoming high school students who had ever been told by a doctor or nurse they had asthma YRBS, 2007



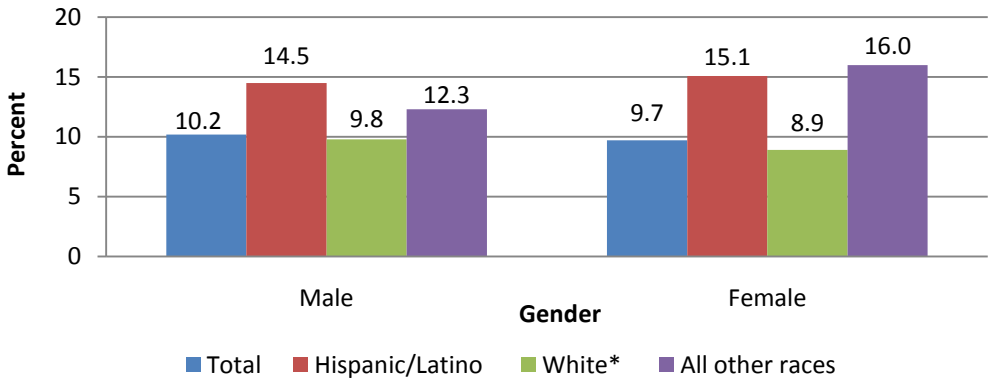
Source: 2007 Wyoming YRBS

CURRENT ASTHMA

MIDDLE SCHOOL

In 2007, there was no significant difference between Wyoming middle school boys and girls who reported ever being told by a doctor or nurse that they had and still have asthma (p=0.56). Among Wyoming middle school boys, there is no difference in race/ethnicity for those who reported ever being told by a doctor or nurse that have had and still have asthma (p=0.70). As well, among Wyoming middle school girls, a significantly higher percent of both Hispanic/Latino and All other races race/ethnic groups reported ever being told being by a doctor or nurse they had and still have asthma than White* (p<0.02 for each). [25]

Percent of Wyoming middle school students who had been told by a doctor or nurse they had asthma and still have asthma (i.e. current asthma) YRBS, 2007

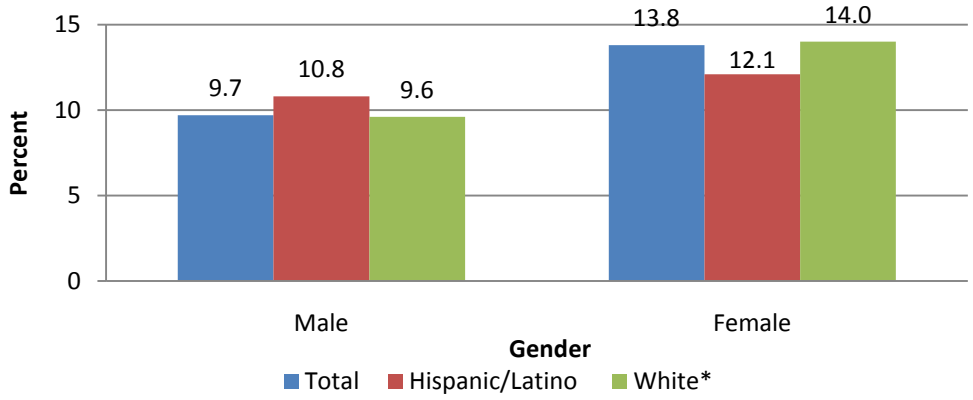


Source: 2007 Wyoming YRBS

HIGH SCHOOL

In 2007, a significantly higher percent of Wyoming high school girls reported being told by a doctor or nurse they had and still have asthma than high school boys ($p<0.001$) There was no racial/ethnic difference among Wyoming high school boys and among high school girls who reported being told by a doctor or nurse they had and still have asthma ($p=0.69$ and $p=0.12$, respectively). The overall percent of Wyoming high school students who reported ever being diagnosed with asthma and still have asthma was 11.7%. This is not significantly different than the 2007 national YRBS estimate of 10.9% ($p = 0.36$). The 2007 national YRBS estimate of high school students who had been told by a doctor or nurse they had asthma and still have asthma was boys 9.3%; and girls 12.5%. [25]

Percent of Wyoming high school students who had been told by a doctor or nurse they had asthma and still have asthma (i.e. current asthma) YRBS, 2007



Source: 2007 Wyoming YRBS

APPENDIX A

Table 1: Percent of Wyoming middle school students who have ever been told by a doctor or nurse that they had asthma, YRBS 2007 [25]

	Male			Female		
	%	Confidence Interval	Sample Size	%	Confidence Interval	Sample Size
Total	18.6	16.4-21.1	1325	17.7	15.6-20.0	1478
Hispanic/Latino	25.9	19.1-34.0	186	26.2	20.4-33.0	199
White*	17.6	14.9-20.6	900	16.8	14.5-19.3	1062
All Other Races	22.2	14.2-33.0	104	26.3	17.4-37.8	102

Table 2: Percent of Wyoming high school students who have ever been told by a doctor or nurse that they had asthma, YRBS 2007 [25]

	Male			Female			Wyoming	
	%	Confidence Interval	Sample Size	%	Confidence Interval	Sample Size	%	Confidence Interval
Total	24.4	20.1-24.9	1053	23.9	21.0-27.0	1066	23.1	21.1-25.2
Hispanic/Latino	21.8	15.2-30.4	118	30.4	21.4-41.3	116		
White*	22.0	19.3-24.9	796	23.4	20.2-26.8	827		
All Other Races	NA			NA				

Table 3: Percent of Wyoming middle school students who have ever been told by a doctor or nurse that they had asthma and still have asthma, YRBS 2007 [25]

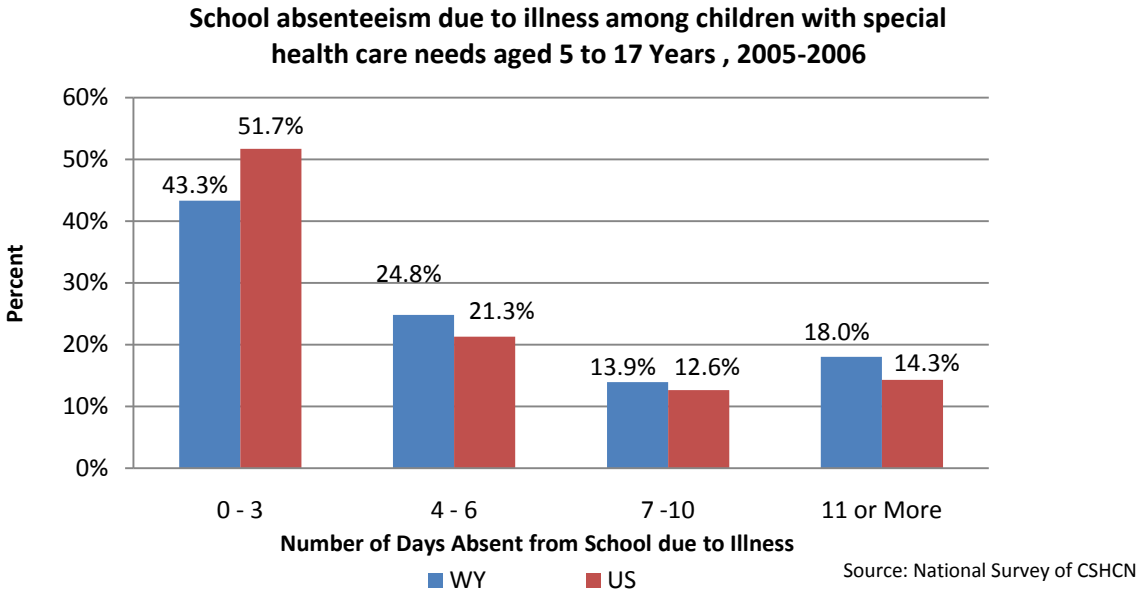
	Male			Female		
	%	Confidence Interval	Sample Size	%	Confidence Interval	Sample Size
Total	10.2	8.4-12.3	1317	9.7	8.1-11.6	1463
Hispanic/Latino	14.5	9.2-22.1	185	15.1	9.8-22.5	199
White*	9.8	7.8-12.3	894	8.9	7.3-10.9	1050
All Other Races	12.3	6.7-21.5	1074	16.0	9.1-26.7	101

Table 4: Percent of Wyoming high school students who have ever been told by a doctor or nurse that they had asthma and still have asthma, YRBS 2007 [25]

	Male			Female			Wyoming	
	%	Confidence Interval	Sample Size	%	Confidence Interval	Sample Size	%	Confidence Interval
Total	9.7	8.3-11.3	1042	13.8	11.8-16.2	1058	11.7	10.4-13.0
Hispanic/Latino	10.8	6.4-17.6	116	12.1	6.7-20.8	114		
White*	9.6	8.0-11.5	789	14.0	11.6-16.7	821		
All Other Races	NA			NA				

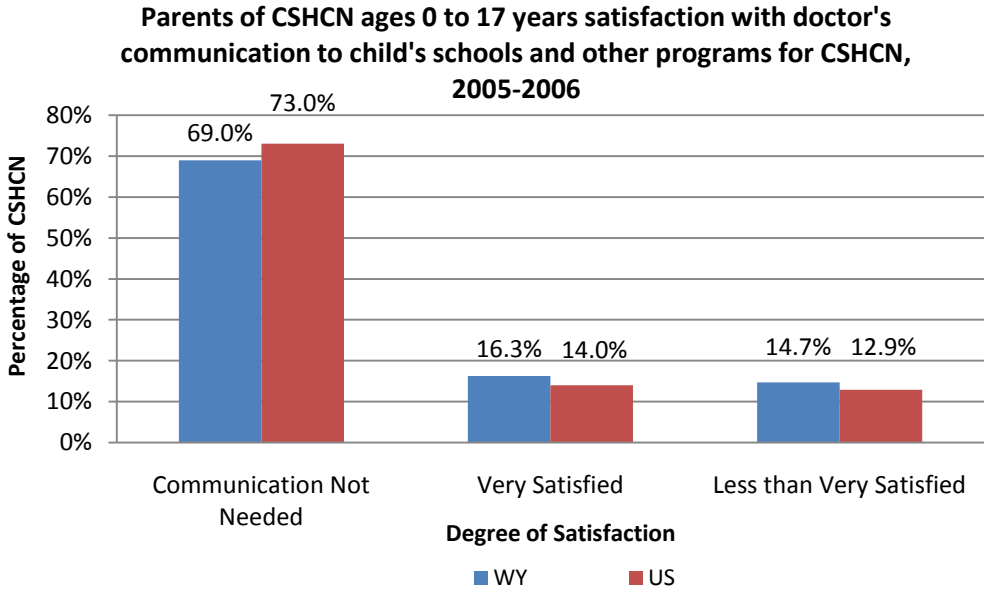
EDUCATION

In 2005-2006, a significantly greater proportion of Wyoming CSHCN ages 5 to 17 years (18.0%) are absent 11 or more days each academic year from school due to illness, than compared to CSHCN in the United States (14.3%).



Source: National Survey of CSHCN

In 2005/2006, the proportion of Wyoming CSHCN (31.0%) who required coordination and communication between health care providers and the child's school was greater than the percent required by the national CSHCN population (27.0%). Parental satisfaction with the level of communication between healthcare providers and their child's school among Wyoming parents of CSHCN (16.3%) were greater than that of the national CSHCN parental population (14.0%). As well, the proportion of Wyoming parents of CSHCN (14.7%) who were less than very satisfied was greater than that of the national CSHCN parental population (12.9%). [1]



Source: National Survey of CSHCN

ASTHMA: SUMMARY OF KEY FINDINGS FROM THE 2007 SCHOOL NURSE SURVEY

Over 79% of Wyoming public schools responded to the asthma questions in this survey. The results include information on 70,653 students. The overall prevalence of asthma in Wyoming public school children in 2007 was 7.38%. Asthma prevalence in Wyoming school districts ranges from 1.86% to 12.50%. Data aggregated by county show asthma prevalence values ranging from 3.02% to 11.25%. [8]

There was no significant difference in the prevalence of asthma among children living in counties with the highest percent of children eligible for free/reduced lunch (7.84%) versus children living in counties with the lowest percent (7.76%) of eligible students (Relative risk: 0.99, 95% CI: 0.90-1.09). [8]

The asthma prevalence among children living in urban areas is significantly higher than among children living in rural areas (RR=1.26, 95% C.I. 1.18-1.35). Children living in rural areas are more likely to have a bronchodilator, keep it with the school nurse, and have a signed form allowing them to keep it on their person. Children in rural areas are also more likely to have an Individualized Education Plan and/or a 504 plan addressing their asthma. [8]

Asthma prevalence is significantly higher in counties where racial minorities comprise more than 10% of the population (Relative risk: 1.15, 95% CI: 1.08-1.21). [8]

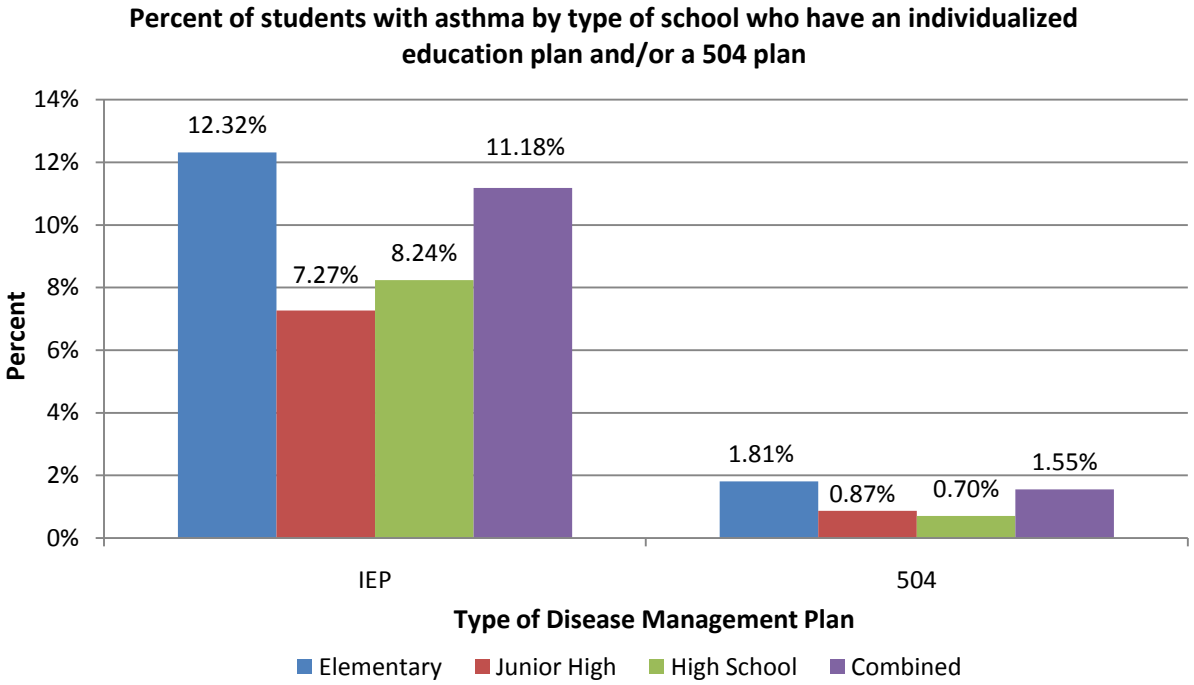
Fifty-two percent of public school children with asthma use a bronchodilator while at school. Of these, 21% keep the medication in the school nurse's office while 18% have signed forms allowing them to keep their medication with them while in school. [8]

SCHOOL POLICY INFORMATION ON ASTHMA

ASTHMA MANAGEMENT AT SCHOOL

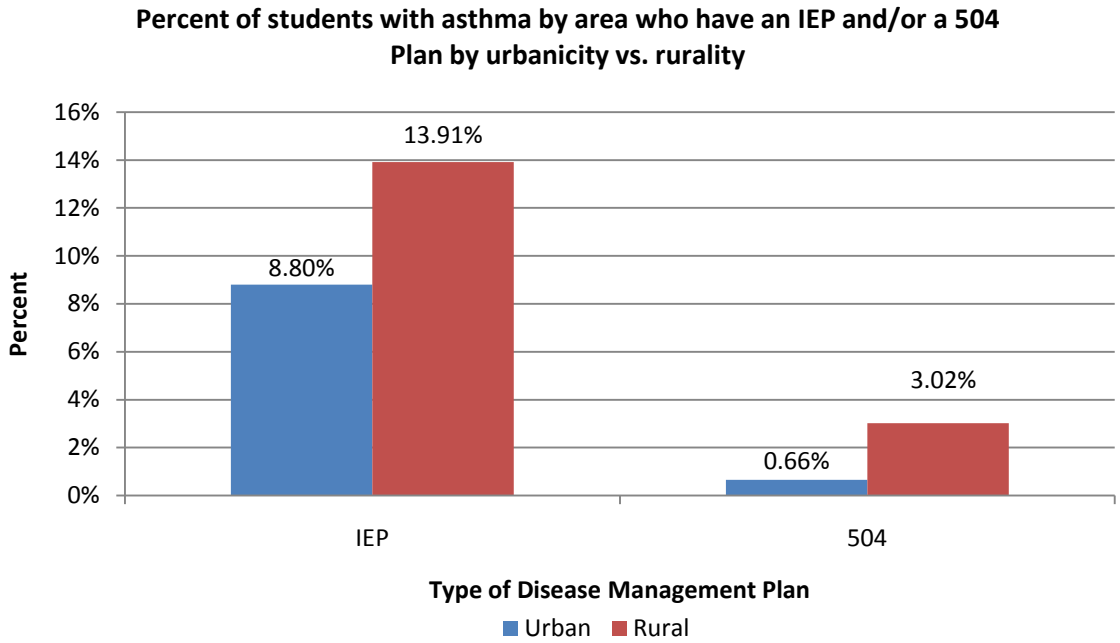
Asthma management at Wyoming public schools is maintained by agreements with children, parents, school nurses and school policies. Parents and schools are encouraged to develop Individualized Education Plans (IEP) and 504 plans for each student with asthma as well as other chronic diseases. Of all the students with a known asthma diagnosis in Wyoming public schools, 10% have an IEP established and 1.3% have a 504 plan. [8]

In 2007, elementary and combined schools had a much higher percent of asthma students with IEP and 504 plans than the junior high schools and high schools. All schools had a significantly higher proportion of IEP's than 504 plans for asthma students. [8]



Source: The 2007-2008 School Nurse Survey of Asthma and Diabetes Prevalence in Wyoming Public School Children

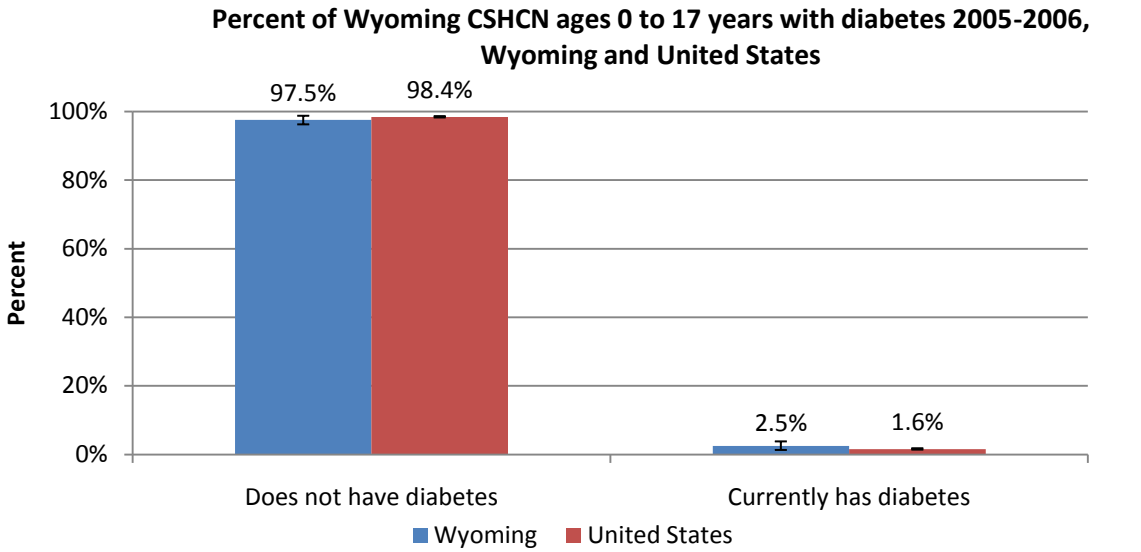
The proportion of Wyoming public school children with asthma in rural areas with an IEP plans and 504 plans was significantly greater than urban public school children. [8]



Source: The 2007-2008 School Nurse Survey of Asthma and Diabetes Prevalence in Wyoming Public School Children

DIABETES AMONG CSHCN

In 2005-2006, the prevalence of diabetes among Wyoming CSHCN (97.5%) is higher than the national CSHCN population (98.4%). The difference in the prevalence of diabetes among Wyoming CSHCN and the national CSHCN is not statistically significant. [1]



Source: National Survey of CSHCN

DIABETES: SUMMARY OF KEY FINDINGS FROM THE 2007 SCHOOL NURSE SURVEY

Over 79% of Wyoming public schools responded to the diabetes questions in this survey. The results include information on 70,653 students. The overall prevalence of diabetes in Wyoming public school children was 0.38%. The prevalence of type I diabetes 0.32%, and type II diabetes prevalence was 0.05%. Fourteen percent (14.0%) of Wyoming public school children with diabetes had type II diabetes. [8]

Diabetes prevalence in Wyoming school districts ranged from 0% to 1.21%. Data aggregated by county show diabetes prevalence ranged from 0% to 0.64%. Diabetes prevalence was significantly different in counties with a very low or very high percent of children eligible for free/reduced lunch. [8]

- Fewer than 20% of the students eligible: Prevalence = 0.27%
- More than 40% eligible: Prevalence = 0.41%

The prevalence of type 2 diabetes (0.06%) was highest in school districts where 15 to 20% of the children lived in families in poverty compared to districts where fewer than 15% or greater than 20% of children were part of families living in poverty (0.02% and 0.03%). (Relative risk: 2.29, 95% CI: 0.81-6.46) [8]

The diabetes prevalence among children living in rural areas (0.40%) was slightly higher than that found in urban areas (0.37%). [8]

Diabetes prevalence differs by type of school. The high school prevalence was the highest at 0.53% and was significantly higher than that of elementary schools (0.25%). (RR=2.08, 95% CI: 1.56– 2.77) [8]

Of children with diabetes, 38.5% have an insulin pump. [8]

SCHOOL POLICY INFORMATION FOR DIABETES

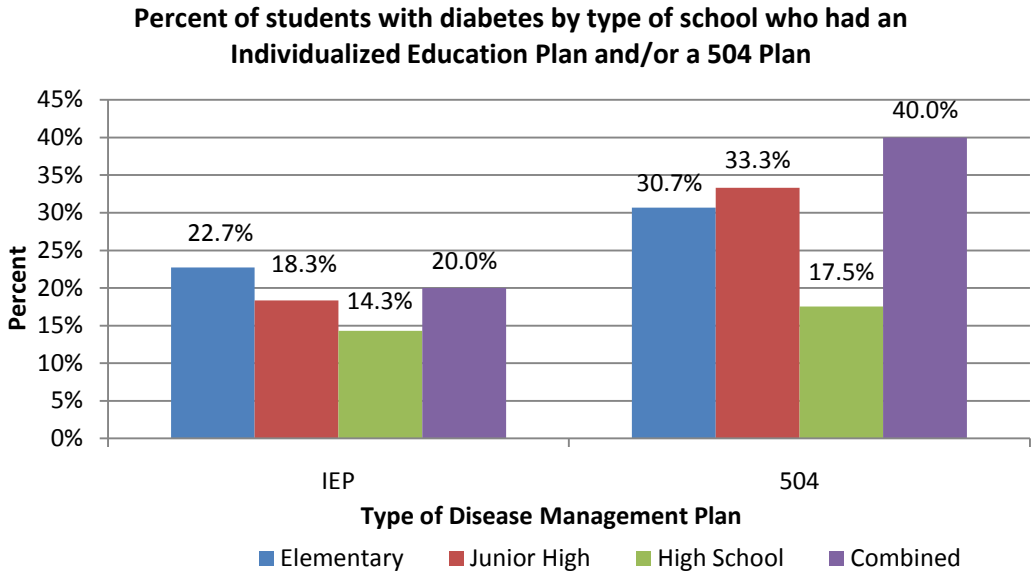
DIABETES MANAGEMENT AT SCHOOL

Diabetes management at Wyoming public schools is maintained by agreements with children, parents, school nurses, and school policies. Parents and schools are encouraged to develop Individualized Education Plans (IEP) and 504 plans for each student with diabetes as well as other chronic diseases. [8]

Of all the students with a known diabetes diagnosis in Wyoming public schools, 18% have an IEP established and 27% have a 504 plan. [8]

TYPE OF SCHOOL

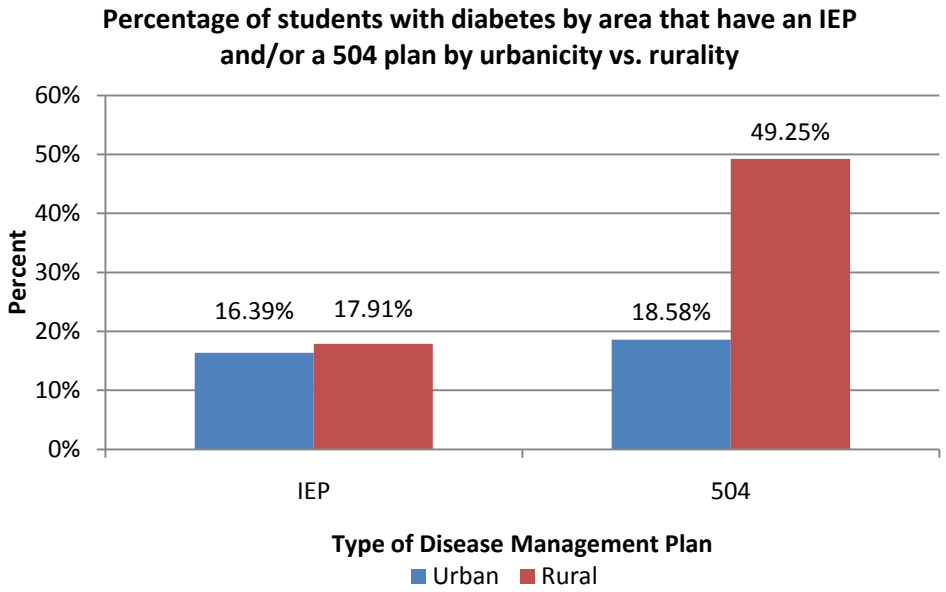
Elementary, junior high, and combined schools had a much higher percent of diabetic students with IEP and 504 plans than students in high schools. The 504 plans were more prevalent than the IEP plans among all students with diabetes. [8]



Source: The 2007-2008 School Nurse Survey of Asthma and Diabetes Prevalence in Wyoming Public School Children

URBAN/RURAL

- The prevalence of IEP and 504 plans were higher in rural schools versus urban. [8]
- The 504 plans were significantly higher in rural school than in urban schools, and were also significantly higher than IEP plans in either urban or rural schools. [8]
- The 504 plans were especially important since they are medical action plan in case of an emergency. The 504 plan may be emphasized more in rural schools, since EMS response times were estimated to be longer than in urban schools. [8]



Source: The 2007-2008 School Nurse Survey of Asthma and Diabetes Prevalence in Wyoming Public School Children

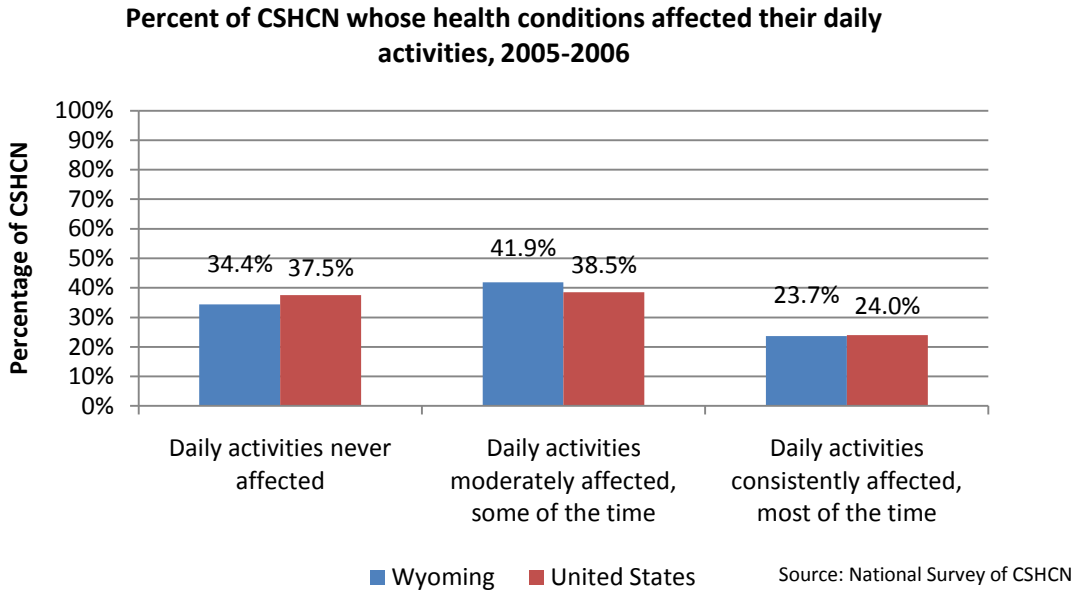
WYOMING PUBLIC SCHOOL HEALTH POLICIES FOR DIABETES

The 2007 survey did not ask school nurses directly if a school health policy was established for diabetes in each school they served. Instead, specific questions were asked regarding supplies, training, testing, care and education within the school. Multiple answers are allowed for many of these questions and response rates were relatively low as many schools opted not to complete this section, as they had no students with diabetes during the 2007-2008 school year. It is unknown whether these schools have a strategy to address these questions should a student with diabetes attend their school. In addition, answers do not infer policy unless specifically stated; these could just be guidelines followed by the school. General findings are listed below. [8]

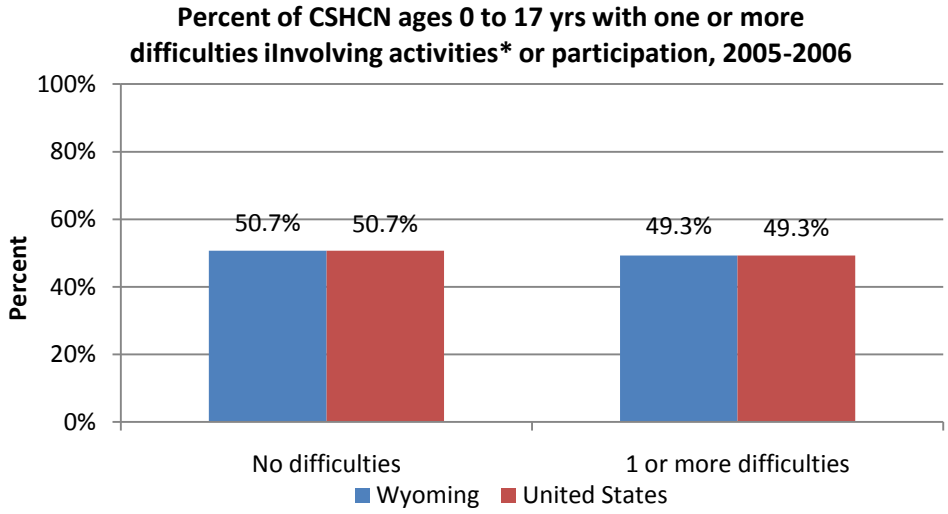
- The majority of schools require parents of students with diabetes to bring diabetic supplies to school. Only a few schools maintain diabetic supplies for students. [8]
- The majority of teachers and staff were trained to detect symptoms of high/low blood sugar emergencies. Those not trained did not correspond to not having students with diabetes enrolled. [8]
- Teacher/Staff training occurred predominately yearly. However, it was also provided on an "as needed" basis. An "as needed" definition was not defined in the survey and may vary by school. [8]
- Diabetes training was primarily provided by the school or head school nurse. Parents, diabetes educators and some other medical staff also participated in the training. [8]
- The majority of schools allow students to self-administer insulin. Those that did not were mostly elementary schools. 43 schools indicated that allowing self-administration of insulin was a school policy. [8]
- Most schools allow children to test their blood sugar in classrooms/other sites in school. Those that did not were primarily elementary schools. [8]
- Trained school staff and the child's parent(s) were considered the most responsible for diabetes care during field trips. [8]
- Peer diabetes education was equally addressed or not addressed in schools. [8]
- Issues discussed with parents of students with diabetes include medical, school accommodations, learning, psychosocial and financial, in that order. [8]
- Fifty-eight percent (58%) of school nurses answered 'Yes' to the question regarding awareness of the American Diabetes Association Medical Management Plan. [8]

CSHCN LIMITS ON NORMAL ACTIVITIES

In 2005-2006, the proportion of Wyoming CSHCN (23.7%) reporting having health conditions that consistently affected their daily activities. This is similar to the national CSHCN population (24.0%). The percent of Wyoming CSHCN who reported having health conditions that affected their daily activities were not statistically different between the Wyoming and the national percent. [1]



In 2005-2006, the proportion of CSHCN reporting having one or more difficulties with activities and participation from the list on the survey was the same among Wyoming CSHCN (49.3%) and national CSHCN (49.3%). [1]



*CSHCN with 1 or more limitations in activities or participation that involve difficulties with: self-care; coordination or movement; using hands; learning, understanding or paying attention; or speaking, communicating or being understood

Source: National Survey of CSHCN

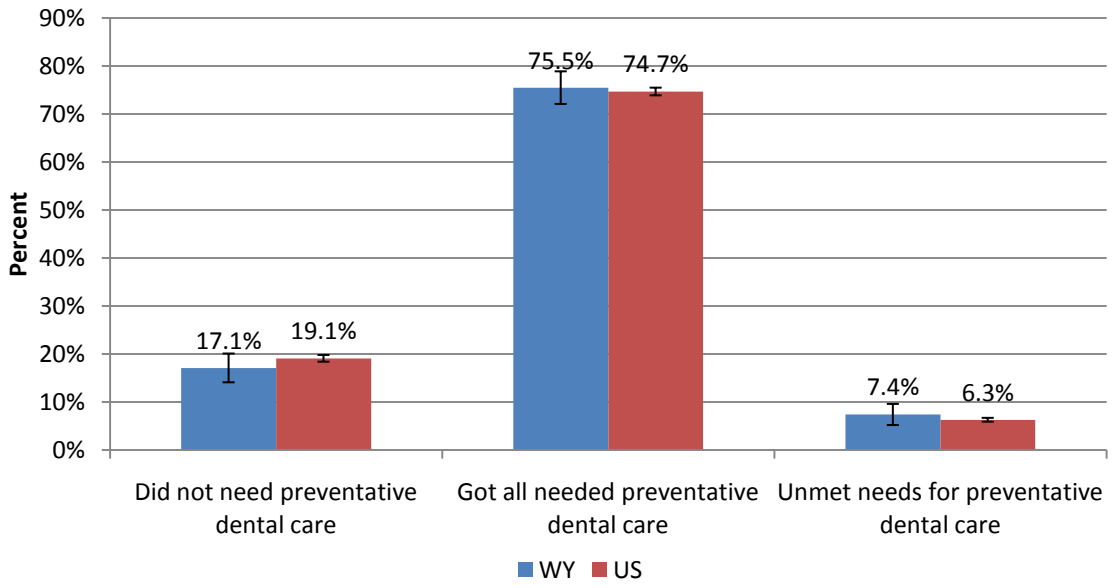
DENTAL HEALTH AMONG CSHCN

On the National Survey of Children with Special Health Care Needs, parents were asked if their child received all dental care (preventive and other care) the/she needed. Parents either indicated that the child did not need dental care, that the child received all needed dental care, or that the child had unmet needs for dental care. The following charts illustrate the responses to the questions and compares Wyoming children to U.S. children. [1]

PREVENTIVE DENTAL CARE AMONG CSHCN

In 2005-2006, the percent of Wyoming CSHCN (75.5%) who received all need preventive dental care is similar is to U.S. CSHCN (74.7%). The percent of Wyoming CSCHN (7.4%) who have unmet needs for preventive dental care is higher than the U.S. percent with unmet needs (6.3%), however, the difference is not statistically significant. [1]

Preventive dental care among CSHCN ages 0 to 17 years, 2005-2006

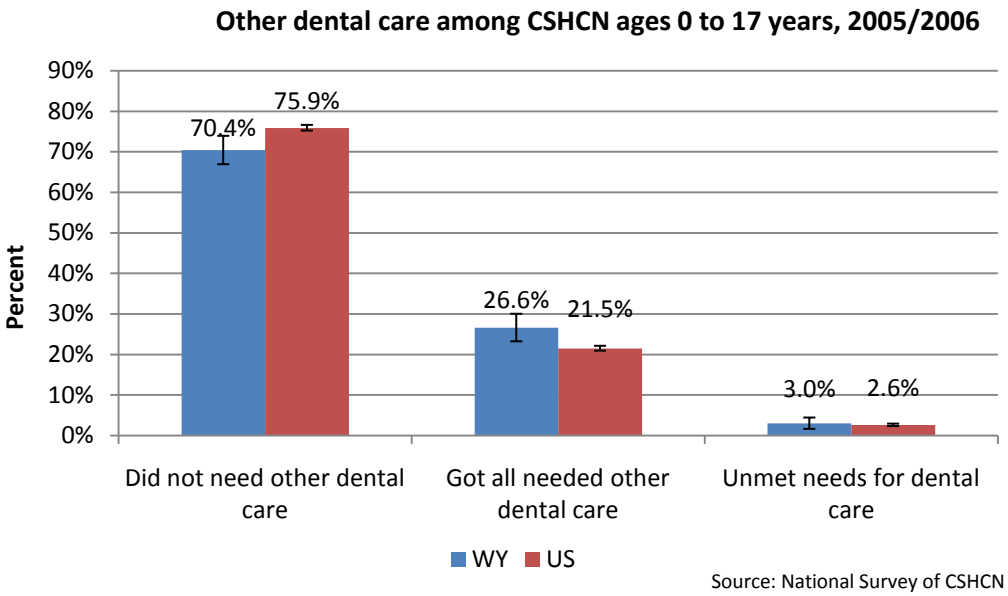


Source: National Survey of CSHCN

OTHER DENTAL CARE AMONG CSHCN

On the National Survey of Children with Special Health Care Needs, "Other dental care" is described in the survey as dental care other than preventive checkups and cleanings. [1]

In 2005-2006, the proportion of CSHCN who got all needed other dental care is slightly higher among Wyoming CSHCN (26.6%) than among all U.S. CSHCN (21.5%). The percent of Wyoming CSHCN with unmet needs for other dental care (3.0%) is similar is to the U.S. percent (2.6%). [1]



Source: National Survey of CSHCN

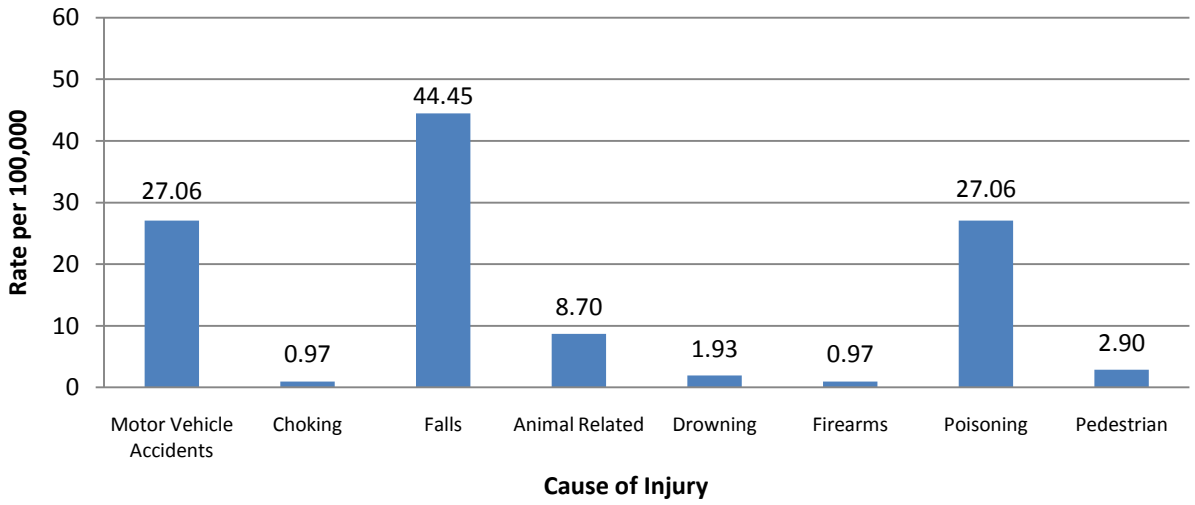
HOSPITALIZATIONS DUE TO UNINTENTIONAL INJURIES AMONG WYOMING CHILDREN

The following data on the overall Unintentional Injury rate is based on hospital discharges where the primary diagnosis was Unintentional Injury.

In Fiscal Year 2007, the overall rate of hospitalizations due to unintentional injuries among 0 to 14 year olds in Wyoming was 114.03 per 100,000.[9] The overall rate of hospitalizations due to unintentional injuries among 0 to 14 year olds in United States was 143.02 per 100,000.[26]

From 7/1/07-6/30/08, the three most common causes of unintentional injuries in WY children age 0 to 14 years were falls, motor vehicle accidents, and poisonings. [9]

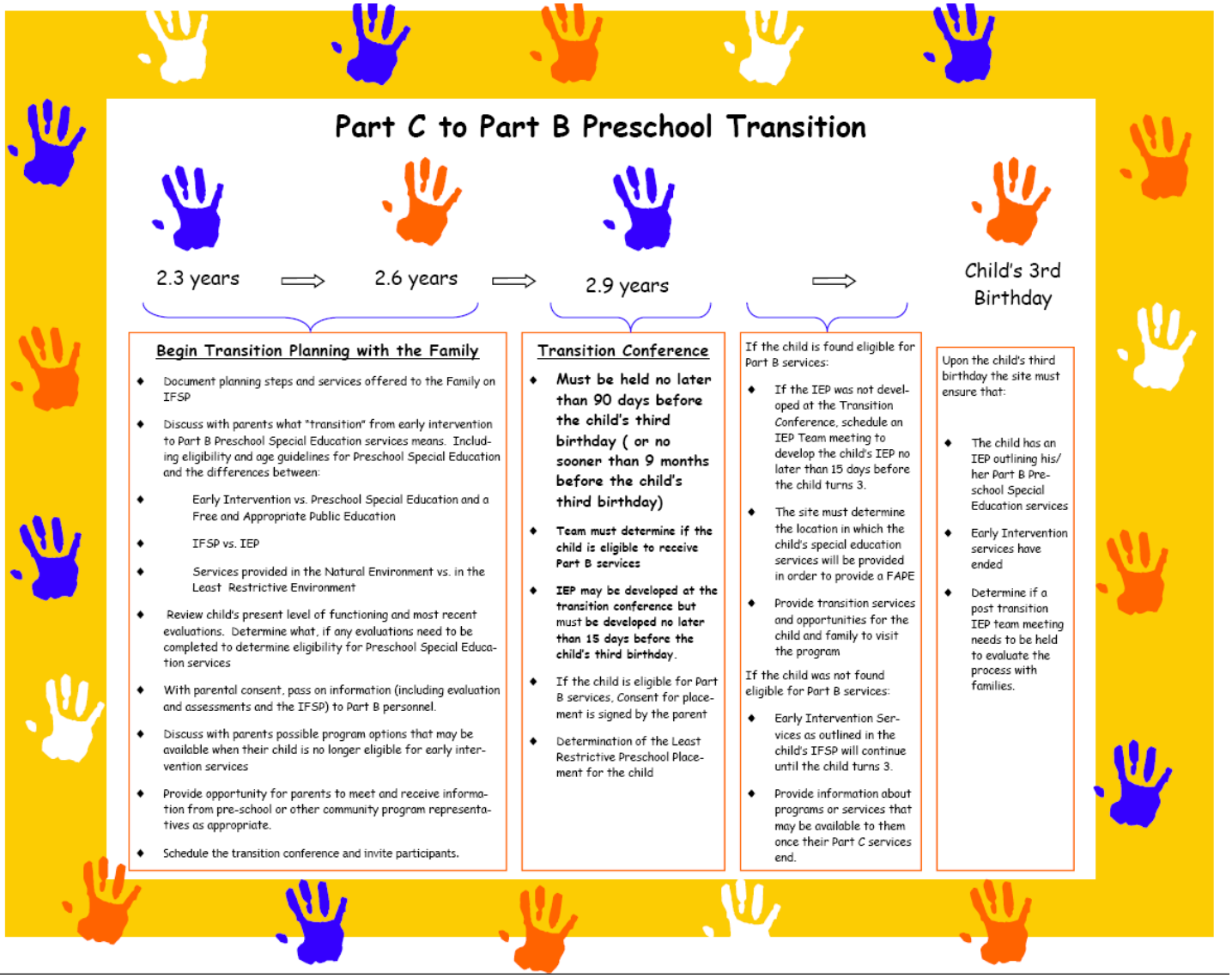
Rate per 100,000 of unintentional injury hospitalizations by cause among Wyoming residents age 0 to 14 years, 7/1/07 to 6/30/08



Sources: FY2007 Hospital Discharge Data and U.S. Census Bureau

The numerator includes all hospitalizations for any Unintentional Injury causes and may represent multiple hospitalizations in one child. Hospital discharge data are reported by individual hospitals to the Wyoming Hospital Association. Hospitals are not mandated to report to the system, so data may be incomplete. [9]

PART C TO PART B PRESCHOOL TRANSITION



INDIVIDUALIZED EDUCATION PLANS:

GRADUATION

The Individualized Education Program (IEP) is a written document that is developed for each eligible child with a disability. An IEP is a learning plan designed for an individual student that is tailored to the learning style of the student. [27]

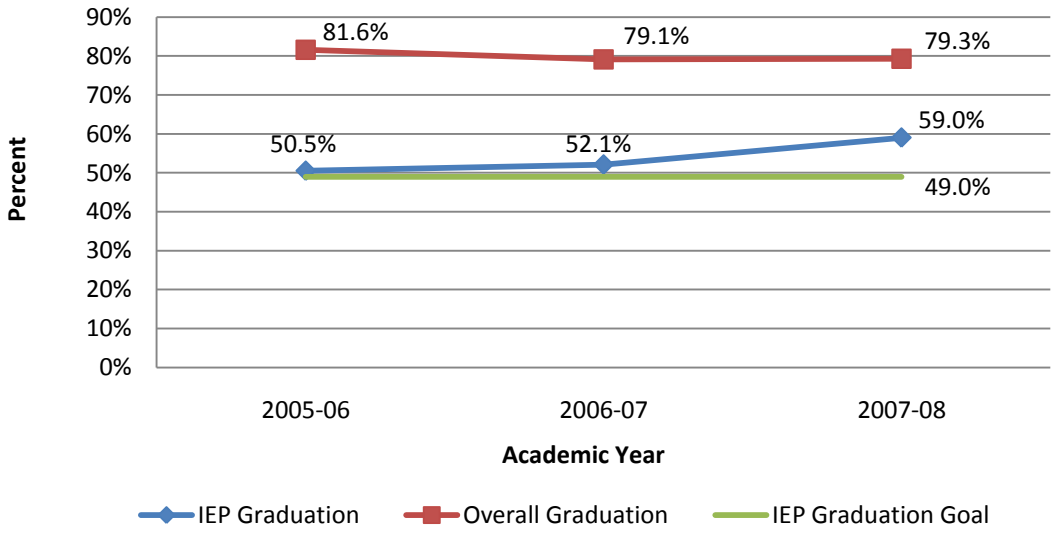
Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team, and updated annually thereafter, the IEP must include: [27]

- Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills
- The transition services (including courses of study) needed to assist the child in reaching those goals

Students with disabilities who receive a regular diploma within the period specified by the student's IEP team are considered to have received a regular diploma "within the standard number of years," and are included in the graduation rate for that year. Students who transfer out of the district are not included in the analysis

Wyoming exceeded the goal of 49.0% IEP graduation percent in the last three academic years. Reasons for the increase in the percent of IEP graduations in the 2006-2007 and 2007-2008 academic years were not reported. The percent of graduating IEP students with a regular diploma remained lower than the overall proportion for all students graduating with a regular diploma. [27]

Eligible Wyoming high school students with IEPs and all eligible Wyoming high school students twhograduated with a regular diploma from 2005-2006 through 2007-2008 academic years



Source: Wyoming Department of Education

DROP OUTS

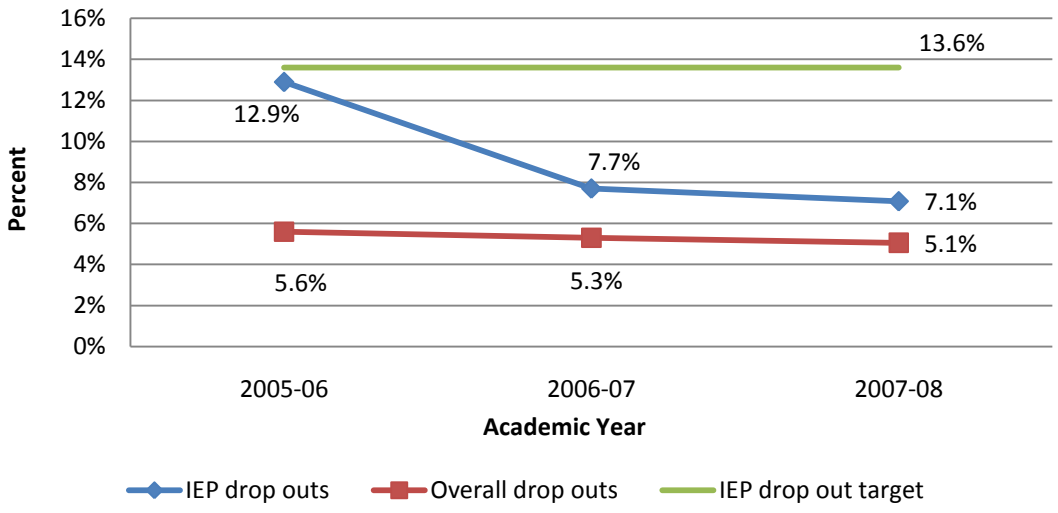
Drop outs include: [27]

- Not graduating within four years for regular students
- Not graduating as outlined in the approved individualized education plan if one was required for a student with disabilities
- Students with disabilities who age out
    - Age out occurs at age 21 or as determined by the student's IEP committee
- Students with disabilities who receive a Certificate of Attendance or Achievement

Students who transfer into the district are counted in the analysis as part of the high school population and as drop outs if they do not meet the formentioned criteria. Students that transfer out of the district are not counted in the analysis as drop outs or as part of the high school population. [27]

Wyoming's target for the percent of drop outs among students with an IEP in the 2007-2008 academic year was to be less than 13.6%. The percent of drop outs among students with an IEP decreased in the 2006-2007 academic year, while the overall drop out precent remained relatively stable over the past three academic years. Reasons for the decline in the percent of drop outs among students with an IEP between the 2005-2006 academic year and the 2007-2008 academic year were not given. [27]

Wyoming high school drop outs with an IEP and overall Wyoming high school drop outs from academic years 2005-2006 through 2007-2008



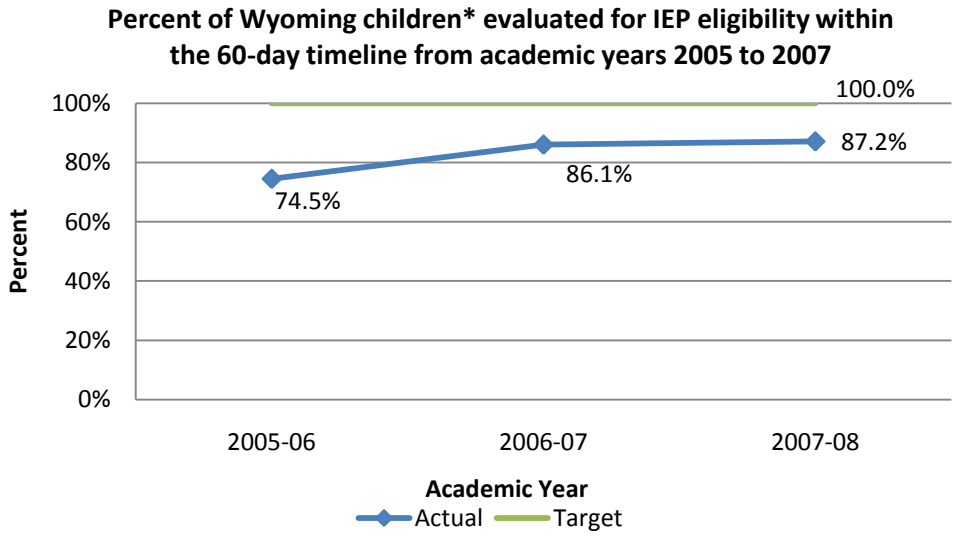
Source: Wyoming Department of Education

ELIGIBILITY EVALUATION

There is a 60 day (or State established) timeline to evaluate child with parental consent for IEP eligibility. The Wyoming Department of Education (WDE) goal is to evaluate 100% of all referred children within 60 days. Timely IEP eligibility evaluation is required for all referred children regardless of the evaluation outcome. [27]

Districts below the 100% target for 60-day IEP evaluations for referred children must provide corrective action plans, which include examination of their current policies procedures and practices. Submission of policies to the WDE and demonstration for implementation of strategies (including resources) to enable them to meet the 60-day timelines 100% accuracy. [27]

Wyoming has not met the target of 100% of children evaluated within 60 days of referral; but the percent evaluated has increased since the 2005-2006 academic year. [27]



Source: Wyoming Department of Education

Age of children not specified

ELIGIBILITY AND IMPLEMENTATION BEFORE 3RD BIRTHDAY

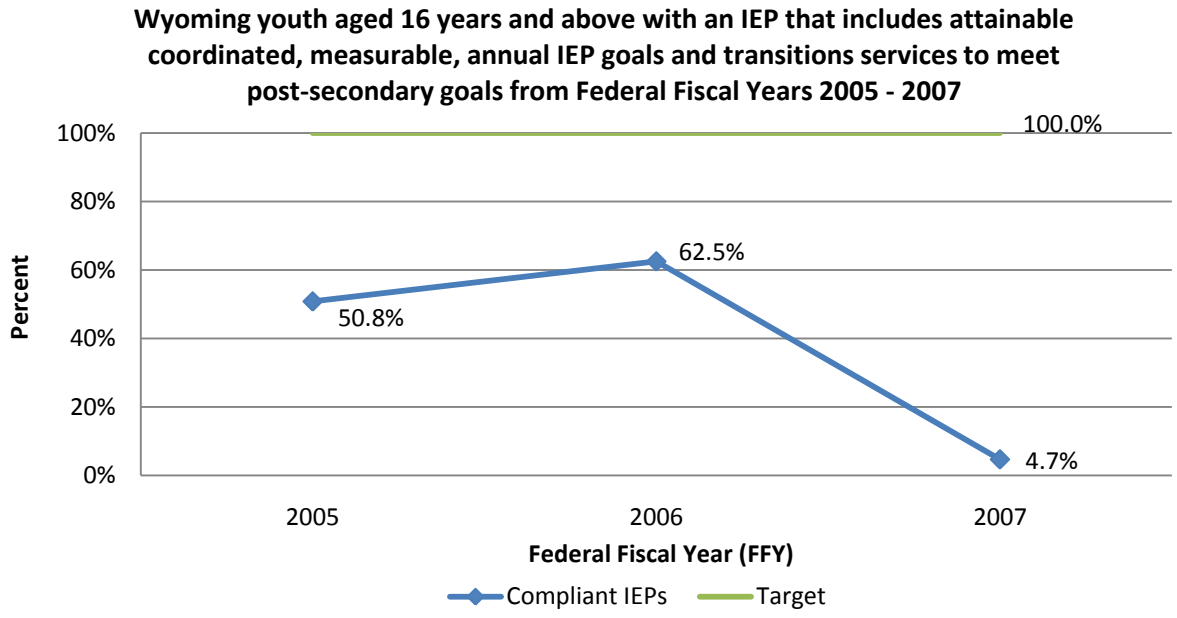
Part C of the Individuals with Disabilities Act (IDEA), the Program for Infants and Toddlers with Disabilities, is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, ages birth through two years, and their families. Part C expires at a child's 3rd birthday. [27]

Part B of the IDEA requires that children with disabilities, from age 3 to 21 years, are provided a free appropriate public education. IDEA mandates Part C children eligible for Part B, to have an IEP implemented by the child's 3rd birthday. In 2007, 89.8% of Wyoming children referred from Part C to Part B were found eligible, and had an IEP implemented before the child's 3rd birthday. The WDE's target is to have 100% of IEPs implemented before the child's 3rd birthday for children with a qualifying evaluation. [27]

TRANSITION PLAN

Beginning no later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team, and updated annually thereafter, the IEP must include: appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills. As well, an IEP must include transition services (including courses of study) needed to assist the child in reaching those goals. [27]

To obtain the overall state percent of students who met this indicator, the data were weighted to reflect each local education agency's (LEA's) appropriate proportion of students age 16 and above in the state. Data for FFY 2005 and FFY 2006 were self-reported by each LEA agency. Data for FFY 2007 was determined by a single Wyoming Department of Education (WDE) Employee. In 2007, the WDE took over the assessment and reporting of IEP compliance. The drastic decline in FFY 2007 was a result of inconsistent record keeping and reporting procedures found among LEA. All non-compliant IEPs have been subsequently corrected for each Federal Fiscal Year. [27]



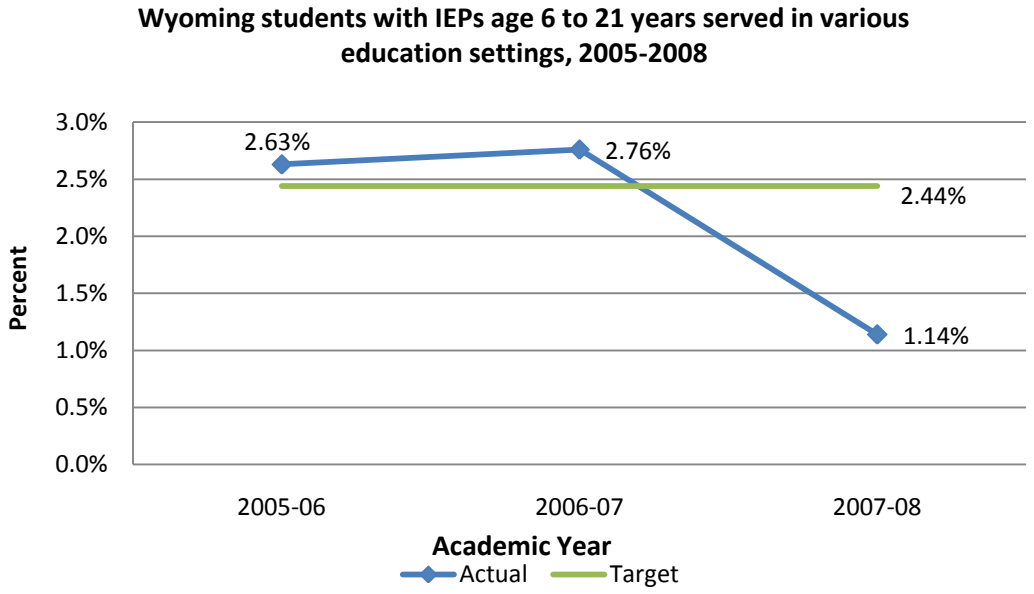
IEP: CHILDREN SERVED IN VARIOUS PROGRAM SETTINGS

Children aged six through 21 years may receive special education in a variety of program settings including:

- **Separate School:** Includes children with disabilities receiving special education and related services for greater than 50 percent of the school day in public or private separate schools.[28]
- **Residential Facility**: Students who received education programs and lived in public or private residential facilities during the school week and includes those with disabilities receiving special education and related services for greater than 50 percent of the school day in public or private residential facility. [28]
- **Homebound/Hospital:** Students who received education programs in homebound/hospital environment includes children with disabilities placed in and receiving special education and related services in hospital or homebound programs. [28]

Data collection for the separate school, residential facility and homebound/hospital does not include those students whose parents have opted to provide home schooling, or those students that were placed by the courts (Court-Order Placed Students or COPS) or those students that are parentally placed into residential facilities. [27]

The Wyoming goal for IEP students taught in the fore-mentioned various settings is to be less than 2.44%, Wyoming reached this goal in 2007-08 school year (1.14%). [27]



MAINSTREAM OUTCOMES

Successful mainstreaming individuals with disabilities is defined by Wyoming Department of Education (WDE) as youth's who had IEPs, are no longer in secondary school and who have been competitively employed, enrolled in some type of postsecondary school, or both, within one year of leaving high school. The WDE defines competitive employment as work in the competitive labor market in an integrated setting and compensated at or above minimum wage, but not less than customary wage, and level of benefits paid by employer for the same or similar work performed by individuals that are not disabled. The WDE does not distinguish competitive employment on a full-time or part-time basis. Postsecondary school is defined as participation in a two- or four-year college program, vocational or technical education program beyond high school and adult basic education, either full or part-time. [27]

The WDE defines "Exiters" as students with disabilities who during the 2006-07 school year graduated with a regular diploma, who completed high school with a certificate or modified diploma, who dropped-out, who reached maximum age (21) for receipt of special education services, or who moved out of district and weren't known to be continuing. [27]

Federal Fiscal Years 2007 Exiters Characteristics: [27]

- 775 total Exiters
- Response rate was 34.8% (270 of 775 contacted)
- 212 (27%) of Exiters were considered non-reachable
    - "Non-Reachable Exiters" include:
        - Those with incorrect phone numbers or contact information

The FFY 2007 target was for 83.7% of IEP Exiters to be engaged in employment or post-secondary education. This target was met in FFY 2007 with 85.2% of interviewed Exiters being engaged in employment or post-secondary education.[27]

Category	Number	Percent
Interviewed Exiters	270	
a. Attended post-secondary education only	52	19.3%
b. Been competitively employed only	91	33.7%
c. Attended post-secondary education AND been competitively employed	87	32.2%
d. Neither attended post-secondary education OR been competitively employed	40	14.8%
Met the indicator (sum of rows a, b, and c)	230	85.2%

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